

B1 (Official Form 1)(04/13)

United States Bankruptcy Court Southern District of Ohio		Voluntary Petition
Name of Debtor (if individual, enter Last, First, Middle): Chapman, Andrew L		Name of Joint Debtor (Spouse) (Last, First, Middle): Chapman, Melissa H
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names):		All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN)/Complete EIN (if more than one, state all) xxx-xx-3779		Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all) xxx-xx-4785
Street Address of Debtor (No. and Street, City, and State): 328 Bridle Lane South Dayton, OH <div style="text-align: right; font-size: small;">ZIP Code 45449</div>		Street Address of Joint Debtor (No. and Street, City, and State): 328 Bridle Lane South Dayton, OH <div style="text-align: right; font-size: small;">ZIP Code 45449</div>
County of Residence or of the Principal Place of Business: Montgomery		County of Residence or of the Principal Place of Business: Montgomery
Mailing Address of Debtor (if different from street address): <div style="text-align: right; font-size: small;">ZIP Code</div>		Mailing Address of Joint Debtor (if different from street address): <div style="text-align: right; font-size: small;">ZIP Code</div>
Location of Principal Assets of Business Debtor (if different from street address above):		
Type of Debtor (Form of Organization) (Check one box) <input checked="" type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.)	Nature of Business (Check one box) <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101 (51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input type="checkbox"/> Other	Chapter of Bankruptcy Code Under Which the Petition is Filed (Check one box) <input checked="" type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13 <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding
Chapter 15 Debtors Country of debtor's center of main interests: Each country in which a foreign proceeding by, regarding, or against debtor is pending:	Tax-Exempt Entity (Check box, if applicable) <input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code).	Nature of Debts (Check one box) <input checked="" type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurring by an individual primarily for a personal, family, or household purpose." <input type="checkbox"/> Debts are primarily business debts.
Filing Fee (Check one box) <input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Filing Fee to be paid in installments (applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A. <input type="checkbox"/> Filing Fee waiver requested (applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.		Chapter 11 Debtors Check one box: <input type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). <input type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D). Check if: <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,490,925 (amount subject to adjustment on 4/01/16 and every three years thereafter). Check all applicable boxes: <input type="checkbox"/> A plan is being filed with this petition. <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
Statistical/Administrative Information <input type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input checked="" type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.		THIS SPACE IS FOR COURT USE ONLY
Estimated Number of Creditors <input type="checkbox"/> 1-49 <input type="checkbox"/> 50-99 <input type="checkbox"/> 100-199 <input checked="" type="checkbox"/> 200-999 <input type="checkbox"/> 1,000-5,000 <input type="checkbox"/> 5,001-10,000 <input type="checkbox"/> 10,001-25,000 <input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> OVER 100,000		
Estimated Assets <input checked="" type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion		
Estimated Liabilities <input type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input type="checkbox"/> \$100,001 to \$500,000 <input checked="" type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion		

Voluntary Petition

(This page must be completed and filed in every case)

Name of Debtor(s):

Chapman, Andrew L**Chapman, Melissa H****All Prior Bankruptcy Cases Filed Within Last 8 Years** (If more than two, attach additional sheet)

Location

Where Filed: **- None -**

Case Number:

Date Filed:

Location

Where Filed:

Case Number:

Date Filed:

Pending Bankruptcy Case Filed by any Spouse, Partner, or Affiliate of this Debtor (If more than one, attach additional sheet)

Name of Debtor:

Case Number:

Date Filed:

- None -

District:

Relationship:

Judge:

Exhibit A

(To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.)

☐ Exhibit A is attached and made a part of this petition.**Exhibit B**

(To be completed if debtor is an individual whose debts are primarily consumer debts.)

I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I delivered to the debtor the notice required by 11 U.S.C. §342(b).

X /s/ David L. Williams**May 30, 2013**

Signature of Attorney for Debtor(s)

(Date)

David L. Williams**Exhibit C**

Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety?

☐ Yes, and Exhibit C is attached and made a part of this petition.☒ No.**Exhibit D**

(To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.)

☒ Exhibit D completed and signed by the debtor is attached and made a part of this petition.

If this is a joint petition:

☒ Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition.**Information Regarding the Debtor - Venue**

(Check any applicable box)

- ☒ Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.
- ☐ There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.
- ☐ Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.

Certification by a Debtor Who Resides as a Tenant of Residential Property

(Check all applicable boxes)

- ☐ Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.)

(Name of landlord that obtained judgment)_____
(Address of landlord)

- ☐ Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and
- ☐ Debtor has included with this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition.
- ☐ Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).

Voluntary Petition

(This page must be completed and filed in every case)

Name of Debtor(s):

Chapman, Andrew L

Chapman, Melissa H

Signatures

Signature(s) of Debtor(s) (Individual/Joint)

I declare under penalty of perjury that the information provided in this petition is true and correct.

[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7. [If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. §342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X /s/ Andrew L Chapman

Signature of Debtor **Andrew L Chapman**

X /s/ Melissa H Chapman

Signature of Joint Debtor **Melissa H Chapman**

Telephone Number (If not represented by attorney)

May 30, 2013

Date

Signature of Attorney*

X /s/ David L. Williams

Signature of Attorney for Debtor(s)

David L. Williams

Printed Name of Attorney for Debtor(s)

David L. Williams

Firm Name

**4760 Fishburg Road
Huber Heights, OH 45424**

Address

Email: dwilliamsatty@aol.com

(937) 235-1418 Fax: (937) 235-2316

Telephone Number

May 30, 2013

Date

*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

Signature of Debtor (Corporation/Partnership)

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X

Signature of Authorized Individual

Printed Name of Authorized Individual

Title of Authorized Individual

Date

Signature of a Foreign Representative

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only one box.)

☐ I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. §1515 are attached.

☐ Pursuant to 11 U.S.C. §1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

X

Signature of Foreign Representative

Printed Name of Foreign Representative

Date

Signature of Non-Attorney Bankruptcy Petition Preparer

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

Printed Name and title, if any, of Bankruptcy Petition Preparer

Social-Security number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.)(Required by 11 U.S.C. § 110.)

Address

X

Date

Signature of bankruptcy petition preparer or officer, principal, responsible person, or partner whose Social Security number is provided above.

Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. §110; 18 U.S.C. §156.

B 1D (Official Form 1, Exhibit D) (12/09)

**United States Bankruptcy Court
Southern District of Ohio**

In re **Andrew L Chapman
Melissa H Chapman**

Debtor(s)

Case No.
Chapter

7

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH
CREDIT COUNSELING REQUIREMENT**

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

☒ 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

☐ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 14 days after your bankruptcy case is filed.*

☐ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the seven days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Summarize exigent circumstances here.]* _____

If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.

☐ 4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);

☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);

☐ Active military duty in a military combat zone.

☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

I certify under penalty of perjury that the information provided above is true and correct.

Signature of Debtor: /s/ Andrew L Chapman

Andrew L Chapman

Date: May 30, 2013

B 1D (Official Form 1, Exhibit D) (12/09)

**United States Bankruptcy Court
Southern District of Ohio**

In re **Andrew L Chapman
Melissa H Chapman**

Debtor(s)

Case No.
Chapter

7

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Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

☒ 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

☐ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 14 days after your bankruptcy case is filed.*

☐ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the seven days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Summarize exigent circumstances here.]* _____

If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.

☐ 4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);

☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);

☐ Active military duty in a military combat zone.

☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

I certify under penalty of perjury that the information provided above is true and correct.

Signature of Debtor: /s/ Melissa H Chapman

Melissa H Chapman

Date: May 30, 2013

United States Bankruptcy Court
Southern District of Ohio

In re **Andrew L Chapman,**
Melissa H Chapman

Debtors

Case No. _____

Chapter **7**

SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors must also complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	Yes	1	0.00		
B - Personal Property	Yes	4	27,299.00		
C - Property Claimed as Exempt	Yes	1			
D - Creditors Holding Secured Claims	Yes	1		7,600.00	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	Yes	1		0.00	
F - Creditors Holding Unsecured Nonpriority Claims	Yes	68		839,380.87	
G - Executory Contracts and Unexpired Leases	Yes	1			
H - Codebtors	Yes	1			
I - Current Income of Individual Debtor(s)	Yes	1			3,935.16
J - Current Expenditures of Individual Debtor(s)	Yes	1			5,745.00
Total Number of Sheets of ALL Schedules		80			
Total Assets			27,299.00		
Total Liabilities				846,980.87	

United States Bankruptcy Court
Southern District of Ohio

In re **Andrew L Chapman,**
Melissa H Chapman

Debtors

Case No. _____

Chapter 7

STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

- ☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	0.00
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	0.00
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	0.00
Student Loan Obligations (from Schedule F)	0.00
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	0.00
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	0.00
TOTAL	0.00

State the following:

Average Income (from Schedule I, Line 16)	3,935.16
Average Expenses (from Schedule J, Line 18)	5,745.00
Current Monthly Income (from Form 22A Line 12; OR, Form 22B Line 11; OR, Form 22C Line 20)	0.00

State the following:

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column		0.00
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column	0.00	
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		0.00
4. Total from Schedule F		839,380.87
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		839,380.87

B6A (Official Form 6A) (12/07)

In re **Andrew L Chapman,
Melissa H Chapman**

Case No. _____

Debtors

SCHEDULE A - REAL PROPERTY

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim." If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

Description and Location of Property	Nature of Debtor's Interest in Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption	Amount of Secured Claim
--------------------------------------	-----------------------------------------	------------------------------------	--------------------------------------------------------------------------------------------------	-------------------------

None

Sub-Total > **0.00** (Total of this page)

Total > **0.00**

(Report also on Summary of Schedules)

0 continuation sheets attached to the Schedule of Real Property

In re **Andrew L Chapman,
Melissa H Chapman**

Case No. _____

Debtors

SCHEDULE B - PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petitioner is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
1. Cash on hand		Cash on hand	J	100.00
2. Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.		Checking Account Wood Forest Bank	J	250.00
3. Security deposits with public utilities, telephone companies, landlords, and others.		Landlord Security Deposit for Rent	J	2,200.00
4. Household goods and furnishings, including audio, video, and computer equipment.		Desktop Computer Laptop	J	900.00
5. Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.	X			
6. Wearing apparel.	X			
7. Furs and jewelry.		Wedding rings	J	800.00
8. Firearms and sports, photographic, and other hobby equipment.	X			
9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.	X			
10. Annuities. Itemize and name each issuer.		National Electrical Annuity Plan/Andrew Chapman	H	7,000.00

Sub-Total > **11,250.00**
(Total of this page)

3 continuation sheets attached to the Schedule of Personal Property

B6B (Official Form 6B) (12/07) - Cont.

In re **Andrew L Chapman,
Melissa H Chapman**

Case No. _____

Debtors

SCHEDULE B - PERSONAL PROPERTY
(Continuation Sheet)

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).)	X			
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.	X			
13. Stock and interests in incorporated and unincorporated businesses. Itemize.	X			
14. Interests in partnerships or joint ventures. Itemize.	X			
15. Government and corporate bonds and other negotiable and nonnegotiable instruments.	X			
16. Accounts receivable.	X			
17. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.		Child Support paid to Melissa Chapman	W	710.00
18. Other liquidated debts owed to debtor including tax refunds. Give particulars.		Andrew Chapman \$515.00 all went to Child Support arrearage	H	515.00
		Melissa Chapman \$5064.00 - \$1900.00 went to past due taxes	W	3,164.00
19. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	X			
20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	X			

Sub-Total > **4,389.00**
(Total of this page)

Sheet 1 of 3 continuation sheets attached
to the Schedule of Personal Property

B6B (Official Form 6B) (12/07) - Cont.

In re **Andrew L Chapman,
Melissa H Chapman**

Case No. _____

Debtors

SCHEDULE B - PERSONAL PROPERTY
(Continuation Sheet)

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.	X			
22. Patents, copyrights, and other intellectual property. Give particulars.	X			
23. Licenses, franchises, and other general intangibles. Give particulars.	X			
24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	X			
25. Automobiles, trucks, trailers, and other vehicles and accessories.		2000 GMC Yukon - Melissa Chapman	W	2,840.00
		2008 Nissan Quest - Andrew Chapman	H	8,820.00
26. Boats, motors, and accessories.	X			
27. Aircraft and accessories.	X			
28. Office equipment, furnishings, and supplies.	X			
29. Machinery, fixtures, equipment, and supplies used in business.	X			
30. Inventory.	X			
31. Animals.	X			
32. Crops - growing or harvested. Give particulars.	X			
33. Farming equipment and implements.	X			
34. Farm supplies, chemicals, and feed.	X			

Sub-Total > **11,660.00**
(Total of this page)

Sheet 2 of 3 continuation sheets attached
to the Schedule of Personal Property

B6B (Official Form 6B) (12/07) - Cont.

In re **Andrew L Chapman,
Melissa H Chapman**

Case No. _____

Debtors

SCHEDULE B - PERSONAL PROPERTY

(Continuation Sheet)

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
35. Other personal property of any kind not already listed. Itemize.	X			

Sheet **3** of **3** continuation sheets attached
to the Schedule of Personal Property

Sub-Total > **0.00**
(Total of this page)
Total > **27,299.00**

(Report also on Summary of Schedules)

B6C (Official Form 6C) (4/13)

In re **Andrew L Chapman,
Melissa H Chapman**

Case No. _____

Debtors

SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

Debtor claims the exemptions to which debtor is entitled under:

(Check one box)

☐ 11 U.S.C. §522(b)(2)

☒ 11 U.S.C. §522(b)(3)

☐ Check if debtor claims a homestead exemption that exceeds \$155,675. (Amount subject to adjustment on 4/1/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.)

Description of Property	Specify Law Providing Each Exemption	Value of Claimed Exemption	Current Value of Property Without Deducting Exemption
<u>Household Goods and Furnishings</u>			
Desktop Computer	Ohio Rev. Code Ann. § 2329.66(A)(4)(a)	900.00	900.00
Laptop			
<u>Furs and Jewelry</u>			
Wedding rings	Ohio Rev. Code Ann. § 2329.66(A)(4)(b)	800.00	800.00
<u>Annuities</u>			
National Electrical Annuity Plan/Andrew Chapman	Ohio Rev. Code Ann. §§ 2329.66(A)(6)(b), 3911.10, 3911.12, 3911.14	7,000.00	7,000.00
<u>Automobiles, Trucks, Trailers, and Other Vehicles</u>			
2000 GMC Yukon - Melissa Chapman	Ohio Rev. Code Ann. § 2329.66(A)(2)	2,840.00	2,840.00
2008 Nissan Quest - Andrew Chapman	Ohio Rev. Code Ann. § 2329.66(A)(2)	4,510.00	8,820.00
<u>Other Exemptions</u>			
Cash on Hand	Ohio Rev. Code Ann. § 2329.66(A)(3)	100.00	0.00

Total: **16,150.00** **20,360.00**

0 continuation sheets attached to Schedule of Property Claimed as Exempt

B6D (Official Form 6D) (12/07)

In re **Andrew L Chapman,
Melissa H Chapman**

Case No. _____

Debtors

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is a creditor, the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community".

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Disputed". (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion" on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
		H W J C					
Account No. xxx5198							
West Lake Financial Services P.O. Box 54807 Los Angeles, CA 90054	H						
		Car Loan					
		2008 Nissan Quest					
		Value \$ 8,820.00				7,600.00	0.00
Account No.							
		Value \$					
Account No.							
		Value \$					
Account No.							
		Value \$					
Subtotal (Total of this page)						7,600.00	0.00
Total (Report on Summary of Schedules)						7,600.00	0.00

0 continuation sheets attached

In re **Andrew L Chapman,
Melissa H Chapman**

Case No. _____

Debtors

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☒ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)

☐ **Domestic support obligations**

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

☐ **Extensions of credit in an involuntary case**

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

☐ **Wages, salaries, and commissions**

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$12,475* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

☐ **Contributions to employee benefit plans**

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

☐ **Certain farmers and fishermen**

Claims of certain farmers and fishermen, up to \$6,150* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

☐ **Deposits by individuals**

Claims of individuals up to \$2,775* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

☐ **Taxes and certain other debts owed to governmental units**

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

☐ **Commitments to maintain the capital of an insured depository institution**

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507(a)(9).

☐ **Claims for death or personal injury while debtor was intoxicated**

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

* Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

In re **Andrew L Chapman,
Melissa H Chapman**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	H U S B A N D W I F E J O I N T C O M M U N I T Y	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No. xxx6468 ABC Recovery P.O. Box 2548 Cincinnati, OH 45201		W					74.00
Account No. xxx2165 Account Recovery P.O. Box 2548 Cincinnati, OH 45201		W					605.50
Account No. xxx2981 Account Recovery Consultants, Inc. P. O. Box 341 Dayton, OH 45409		W					467.20
Account No. ACS/CLCRUST 501 Bleeker St. Utica, NY 13501		W					8,415.00
Subtotal (Total of this page)							9,561.70

67 continuation sheets attached

B6F (Official Form 6F) (12/07) - Cont.

In re **Andrew L Chapman,
Melissa H Chapman**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.						
ACS/College Loan Corp 501 Bleecker St. Utica, NY 13501-2401	W					5,529.00
Account No.						
ACS/College Loan Corp 501 Bleecker St. Utica, NY 13501-2401	W					0.00
Account No.						
ACS/College Loan Corp 501 Bleecker St. Utica, NY 13501-2401	W					7,726.00
Account No.						
ACT P.O. Box 8012 Dept. 1546305-NTC2 Canoga Park, CA 91309	W					1,050.00
Account No.						
Acute Care Consultants 33 W. Rahn Rd. Dayton, OH 45429	H					404.00
Sheet no. <u>1</u> of <u>67</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						14,709.00

B6F (Official Form 6F) (12/07) - Cont.

In re **Andrew L Chapman,
Melissa H Chapman**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.						
Advanced Dermatology 2600 Lake Lucien Dr., #180 Maitland, FL 32751	W					0.00
Account No.						
Advanced Dermatology 8940 Kingsridge Dr., #104 Dayton, OH 45458	W					0.00
Account No.						
Advanced Dermatology 2361 Lakeview Dr. Dayton, OH 45431	W					0.00
Account No. xxxxxxx99-02						
AFNI, Inc. P.O. Box 3427 Bloomington, IL 61702	W					669.19
Account No. xxxx0425						
Alexandria Vaneck Co., LPA 5660 Southwyck Blvd. #110 Toledo, OH 43614	W					102.00
Sheet no. <u>2</u> of <u>67</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						771.19

B6F (Official Form 6F) (12/07) - Cont.

In re **Andrew L Chapman,
Melissa H Chapman**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. xxxx3506		W				118.21
Alexandria Vaneck Co., LPA 5660 Southwyck Blvd. #110 Toledo, OH 43614						
Account No.		H				55.00
Alliance One 6565 Kimball Dr., #200 Gig Harbor, WA 98335						
Account No. xxxxxxxxxxxx5176		H				3,220.79
Allied Interstate LLC P.O. Box 361774 Columbus, OH 43236						
Account No. xxxxxxxx-xxxx2725		W				1,212.08
Allied Interstate LLC P.O. Box 361774 Columbus, OH 43236						
Account No. xxxxx6048		W				749.42
Allied Interstate LLC P.O. Box 361774 Columbus, OH 43236						
Sheet no. <u>3</u> of <u>67</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)			5,355.50

B6F (Official Form 6F) (12/07) - Cont.

In re **Andrew L Chapman,
Melissa H Chapman**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. xxxxxx0273 AMCA P.O. Box 1235 Elmsford, NY 10523	W					212.21
Account No. xxx-xxx-x14-25 American Family Insurance P.O. Box 1603 Saint Joseph, MO 64502						1,009.20
Account No. xxxxxxx4241 American Medical Collection Agency P.O. Box 1235 Elmsford, NY 10523	H					42.89
Account No. xxxxxxx5141 American Medical Collection Agency P.O. Box 1235 Elmsford, NY 10523						95.28
Account No. xxxxx3848 Americredit P.O. Box 181145 Arlington, TX 76096	W					25,532.69
Sheet no. 4 of 67 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						26,892.27
Subtotal (Total of this page)						26,892.27

B6F (Official Form 6F) (12/07) - Cont.

In re **Andrew L Chapman,
Melissa H Chapman**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C					
Account No. xxxxxxxxxxx8694		W					2,663.74
AMO Recoveries 6737 W. Washington St., #3118 Milwaukee, WI 53214							
Account No. xxx-xxxxx8686		W					711.80
Anesthesiology Services Network, LTD P.O. Box 632317 Cincinnati, OH 45263							
Account No. xxx7350		W					749.42
Apex Financial Management P.O. Box 2219 Northbrook, IL 60065							
Account No. x-xx6500		H					18.44
API Southwest Cardiology P.O. Box 711808 Columbus, OH 43271							
Account No.		J					0.00
ARC P.O. Box 42220 Cincinnati, OH 45242							
Sheet no. <u>5</u> of <u>67</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims				Subtotal (Total of this page)		4,143.40	

B6F (Official Form 6F) (12/07) - Cont.

In re **Andrew L Chapman,
Melissa H Chapman**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.						
ARC Inc. POB 341 Dayton, OH 45409	W					467.00
Account No. xxxx3742						
Asset Acceptance P.O. Box 2036 Warren, MI 48090-2036	H					1,589.93
Account No.						
Asset Acceptance P.O. Box 2036 Warren, MI 48090-2036	H					1,043.00
Account No.						
AT&T P.O. Box 181929 Dallas, TX 75218	W					0.00
Account No.						
AT&T Yellow Pages P.O. Box 18129 Dallas, TX 75218	H					0.00
Sheet no. <u>6</u> of <u>67</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						3,099.93

B6F (Official Form 6F) (12/07) - Cont.

In re **Andrew L Chapman,
Melissa H Chapman**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No.							
Bank of America 100 N. Tryon St. Charlotte, NC 28255	W						
Account No.							
Bank of America P.O. Box 982235 El Paso, TX 79998	H						
Account No.							
Bank of America P.O. Box 982235 El Paso, TX 79998	H						
Account No. xxxxxxx-xxx-x5000							
Beckley Billing Center 1 Pavilion Dr.	H						
Account No. xxxxxxx-xxx-x5300							
Beckley Billing Center 1 Pavilion Dr.	H						
<div style="display: flex; justify-content: space-between;"> Sheet no. <u>7</u> of <u>67</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims Subtotal (Total of this page) </div>							1,059.00

B6F (Official Form 6F) (12/07) - Cont.

In re **Andrew L Chapman,
Melissa H Chapman**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.						
Berlin Wheeler, Inc. 2942 SW Wanamaker Dr., #2 Topeka, KS 66614	H					1,111.00
Account No.						
BK Com Adair P. O. Box 1890 Catoosa, OK 74015	W					3,660.00
Account No.						
Bobbie Rauch	H					7,120.00
Account No.						
Bullcity Financial SOL 1107 W. Main St., #201 Durham, NC 27701	W					299.00
Account No.						
Bullcity Financial SOL 1107 W. Main St., #201 Durham, NC 27701	W					299.00
Sheet no. <u>8</u> of <u>67</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						12,489.00

B6F (Official Form 6F) (12/07) - Cont.

In re **Andrew L Chapman,
Melissa H Chapman**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. xxxxxx5484			W				296.14
BYL Collection Services, LLC 301 Lacy St. West Chester, PA 19382							
Account No. xx-xxxx-x7173			H				192.79
C.C.S. Payment Processing Center P.O Box 55126 Boston, MA 02205							
Account No. xxx-3650			W				2,344.81
Canyon State Prof. Services P.O. Box 39341 Phoenix, AZ 85021							
Account No.			W				2,595.00
Cap One P.O. Box 85520 Richmond, VA 23285							
Account No.			W				1,042.00
Cap One P.O. Box 85520 Richmond, VA 23285							
Sheet no. <u>9</u> of <u>67</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims				Subtotal (Total of this page)		6,470.74	

B6F (Official Form 6F) (12/07) - Cont.

In re **Andrew L Chapman,
Melissa H Chapman**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.						
Capital One P.O. Box 5253 Carol Stream, IL 60197	H					2,219.00
Account No. xxxx-xxxx-xxxx-1784						
Capital One Bank P.O. Box 71083 Charlotte, NC 28272	W					3,570.09
Account No.						
Capital One Bank USA P.O. Box 85015 Richmond, VA 23285	W					500.00
Account No. xxxxxxx3260						
Captial Management Services 726 Exchange St., #700 Buffalo, NY 14210	W					635.85
Account No. xxxx1695						
Captial Management Services 726 Exchange St., #700 Buffalo, NY 14210	W					1,854.43
Sheet no. <u>10</u> of <u>67</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						8,779.37

B6F (Official Form 6F) (12/07) - Cont.

In re **Andrew L Chapman,
Melissa H Chapman**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	
		H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.					
Account No. xxxxx9176		W					1,062.17	
Captial Management Services 726 Exchange St., #700 Buffalo, NY 14210								
Account No.		H					0.00	
Car Connection, Inc. 4425 Dixie Highway Fairfield, OH 45014								
Account No. xxxx-xxxx-xxxx-8609		W					1,513.10	
Cardworks Servicing P.O. Box 9201 Old Bethpage, NY 11804								
Account No. xx-xxxxx1036		W					588.00	
CBCS/Kettering Health P.O. Box 163279 Columbus, OH 43216								
Account No. xx-xxxx5414		W					298.78	
CBCS/Kettering Health P.O. Box 16379 Columbus, OH 43216								
Sheet no. <u>11</u> of <u>67</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)	3,462.05

B6F (Official Form 6F) (12/07) - Cont.

In re **Andrew L Chapman,
Melissa H Chapman**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. xxxxxxx-xxx6945			W				294.00
CBCS/Kettering Health P.O. Box 16379 Columbus, OH 43216							
Account No. xxxxxxx-xxx8010			W				294.00
CBCS/Kettering Health P.O. Box 16379 Columbus, OH 43216							
Account No. xx-xxxxx0285			W				118.21
CBCS/Kettering Health P.O. Box 16379 Columbus, OH 43216							
Account No. xxx3470			W				393.00
CBCS/Kettering Health P.O. Box 16379 Columbus, OH 43216							
Account No. xxxxxxxxxxx5017			W				272.88
CBE Group 1309 Technology Pkwy Cedar Falls, IA 50613							
Sheet no. <u>12</u> of <u>67</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims				Subtotal (Total of this page)			1,372.09

B6F (Official Form 6F) (12/07) - Cont.

In re **Andrew L Chapman,
Melissa H Chapman**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.						
CCR Services P.O. Box 32299 Columbus, OH 43232	W					125.00
Account No.						
CCS/Cortrust Bank 500 E. 60th St., N Sioux Falls, SD 57104	W					446.00
Account No.						
CCS/First National Bank 500 E. 60th St., N Sioux Falls, SD 57104	W					399.00
Account No.						
Central State Recovery 1314 N. Main St. Hutchinson, KS 67501	H					92.00
Account No.						
Chase P.O. Box 15298 Wilmington, DE 19850	H					2,668.00
Sheet no. <u>13</u> of <u>67</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						3,730.00

B6F (Official Form 6F) (12/07) - Cont.

In re **Andrew L Chapman,
Melissa H Chapman**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.						
Chase P.O. Box 15298 Wilmington, DE 19850	H					2,299.00
Account No.						
Chase P.O. Box 15298 Wilmington, DE 19850	W					11,078.00
Account No.						
Chase Auto Financial PO Box 901076 Fort Worth, TX 76101	W					11,078.00
Account No.						
Chase Bank USA, NA P.O. Box 15298 Wilmington, DE 19850	H					1,185.93
Account No. xxxx1650						
Children's Emergency Services, Inc. P.O. Box 751084 Dayton, OH 45475	W					708.50
Sheet no. <u>14</u> of <u>67</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						26,349.43

B6F (Official Form 6F) (12/07) - Cont.

In re **Andrew L Chapman,
Melissa H Chapman**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. xxx-xxx-xxx4-498 Cincinnati Bell P.O. Box 748003 Cincinnati, OH 45274	W					98.77
Account No. xxxxxxxx-xxx2090 Citifinancial 3950 Regent Blvd. Irving, TX 75063	W					3,115.97
Account No. Citifinancial 605 Munn Road Fort Mill, SC 29715	H					4,329.00
Account No. xxxxxxxxxxx2332 Citifinancial Retail Services P.O. Box 80921 Charlotte, NC 28272	W					2,889.91
Account No. City of Mesa Utilities 55 North Center St. Mesa, AZ 85201	W					319.00
Sheet no. <u>15</u> of <u>67</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						10,752.65
Subtotal (Total of this page)						10,752.65

B6F (Official Form 6F) (12/07) - Cont.

In re **Andrew L Chapman,
Melissa H Chapman**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. xxxxx8523 Client Services 3451 Harry Truman Blvd.	W					1,003.74
Account No. xxxx6474 Coast to Coast Financial P.O. Box 2086 Thousand Oaks, CA 91358	H					30.67
Account No. Cohen McNeile & Pappas 4601 College Blvd. #200 Leawood, KS 66211	W					2,908.49
Account No. xx1394 Comcare P.O. Box 2120 Salina, KS 67402	H					92.68
Account No. Comenity Bank P.O. Box 182789 Columbus, OH 43218	H					1,895.00
Sheet no. <u>16</u> of <u>67</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						5,930.58
Subtotal (Total of this page)						5,930.58

B6F (Official Form 6F) (12/07) - Cont.

In re **Andrew L Chapman,
Melissa H Chapman**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. xx8463		H					106.11
Community Foot Care 202 S. Belmont Ave. Springfield, OH 45505							
Account No.		J					590.09
Compunet Clinical Laboratories P.O. Box 714133 Cincinnati, OH 45271							
Account No.		H					42.89
Compunet Clinical Laboratories P.O. Box 714133 Cincinnati, OH 45271							
Account No.		H					95.28
Compunet Clinical Laboratories P.O. Box 714133 Cincinnati, OH 45271							
Account No.		J					484.77
Compunet Clinical Laboratories P.O. Box 714133 Cincinnati, OH 45271							
Sheet no. <u>17</u> of <u>67</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							1,319.14
Subtotal (Total of this page)							

B6F (Official Form 6F) (12/07) - Cont.

In re **Andrew L Chapman,
Melissa H Chapman**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.						
Compunet Clinical Laboratories P.O. Box 714133 Cincinnati, OH 45271	H					8.69
Account No.						
Compunet Clinical Laboratories P.O. Box 714133 Cincinnati, OH 45271	W					9.54
Account No.						
Compunet Clinical Laboratories P.O. Box 714133 Cincinnati, OH 45271	W					84.45
Account No.						
Compunet Clinical Laboratories P.O. Box 714133 Cincinnati, OH 45271	W					212.21
Account No. xxxx-xxxx-5626						
Computer Collections, Inc. P.O. Box 5238 Winston Salem, NC 27113	W					74.00
Sheet no. <u>18</u> of <u>67</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						388.89

B6F (Official Form 6F) (12/07) - Cont.

In re **Andrew L Chapman,
Melissa H Chapman**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. xxx2165	W					605.50
Computer Collections, Inc. P.O. Box 5238 Winston Salem, NC 27113						
Account No.	H					113.00
Credit Coll P.O. Box 9134 Needham Heights, MA 02494						
Account No. xxx4541	W					689.39
Credit Control, LLC P.O. Box 248 Hazelwood, MO 63042						
Account No. xx-xxxxxx-xxxxxx04-00	H					406.79
Credit Protection Association 13355 Noel Rd. Ste. 2100 Dallas, TX 75240						
Account No. xxxx8790	W					60.00
Cytology Assoc. of Dayton P.O. Box 73382 Cleveland, OH 44193						
Sheet no. <u>19</u> of <u>67</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)			1,874.68

B6F (Official Form 6F) (12/07) - Cont.

In re **Andrew L Chapman,
Melissa H Chapman**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. xxx4851	W					106.00
Dayton Children's 436 Valley St. Dayton, OH 45404						
Account No. xxx6468	W					74.00
Dayton Children's 436 Valley St. Dayton, OH 45404						
Account No. xxx2165	W					605.50
Dayton Children's 436 Valley St. Dayton, OH 45404						
Account No.	W					2,151.67
Dayton OB-GYN 220 N. Main St. Dayton, OH 45459						
Account No. xx4829	H					21.91
DBA Collections P.O. Box 563 Dayton, OH 45409						
Sheet no. <u>20</u> of <u>67</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						2,959.08
Subtotal (Total of this page)						2,959.08

B6F (Official Form 6F) (12/07) - Cont.

In re **Andrew L Chapman,
Melissa H Chapman**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C					
Account No. xx8436		H					63.76
DBA Collections P.O. Box 563 Dayton, OH 45409							
Account No. xxxxxx1976		W					54.67
Devore Ent. 8371 Yankee St. Dayton, OH 45458							
Account No. xxxx-xx-xxx-xxx5017		W					272.88
Dish Network Dept. 0063 Palatine, IL							
Account No.		J					4,143.23
Donald Coover 300 Crest Hill Ave. Vandalia, OH 45377							
Account No.		J					4,143.23
Donna Pfarrer-Coover 300 Crest Hill CW. Vandalia, OH 45377							
Sheet no. <u>21</u> of <u>67</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims				Subtotal (Total of this page)		8,677.77	

B6F (Official Form 6F) (12/07) - Cont.

In re **Andrew L Chapman,
Melissa H Chapman**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.						
DP&L P.O. Box 740598 Cincinnati, OH 45274-0598	W					0.00
Account No. 2513						
Drayer Physical Therapy Institute 8073 Washington Village Dr., #110 Dayton, OH 45458	H					217.53
Account No. xxxxxxx3260						
Duke Energy P.O. Box 960 Cincinnati, OH 45201	W					298.78
Account No.						
ECMC 1 Imation Pl. Saint Paul, MN 55128	W					6,543.00
Account No.						
ECMC 1 Imation Pl. Saint Paul, MN 55128	W					3,432.00
Sheet no. 22 of 67 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						10,491.31

B6F (Official Form 6F) (12/07) - Cont.

In re **Andrew L Chapman,
Melissa H Chapman**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.						
ECMC 1 Imation Pl. Saint Paul, MN 55128	W					4,576.00
Account No.						
ECMC 1 Imation Pl. Saint Paul, MN 55128	W					6,288.00
Account No.						
ECMC 1 Imation Pl. Saint Paul, MN 55128	W					3,935.00
Account No.						
ECMC 1 Imation Pl. Saint Paul, MN 55128	W					745.00
Account No. xx5303						
Emergency Medicine Specialist P.O. Box 145406 Cincinnati, OH 45250	H					208.22
Sheet no. 23 of 67 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						15,752.22

B6F (Official Form 6F) (12/07) - Cont.

In re **Andrew L Chapman,
Melissa H Chapman**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C					
Account No. xx9018		H					697.00
Emergency Medicine Specialist P.O. Box 145406 Cincinnati, OH 45250							
Account No. xxxx8271		W					1,088.04
Encore P.O. Box 47248 Oak Park, MI 48237							
Account No. xxxx6215		W					218.30
Enhanced Recovery Co. 8014 Bayberry Rd. Jacksonville, FL 32256							
Account No.		H					266.00
Fair Cap Rec 7745 Kemper Rd. Cincinnati, OH 45249							
Account No. x7239		W					180.00
Fidelity Health Care 3832 Kettering Blvd. Dayton, OH 45439							
Sheet no. <u>24</u> of <u>67</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims				Subtotal (Total of this page)			2,449.34

B6F (Official Form 6F) (12/07) - Cont.

In re **Andrew L Chapman,
Melissa H Chapman**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.						
Fifth Third Bank 38 Fountain Square Plaza MD 109064 Cincinnati, OH 45263-0001	W					0.00
Account No.						
Fifth Third Bank 1 S. Main St., Suite 902 MD 109064 Dayton, OH 45402	W					0.00
Account No.						
Finlay, Johnson & Beard, Ltd. 260 N. Detroit St. Xenia, OH 45385	H					6,128.43
Account No. x3878						
First Bank Kansas 107 S. Center P.O. Box 305 Assaria, KS 67416	J					5,000.00
Account No.						
First Credity Union	W					21,083.13
Sheet no. 25 of 67 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						32,211.56

B6F (Official Form 6F) (12/07) - Cont.

In re **Andrew L Chapman,
Melissa H Chapman**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. xx6565		H					404.00
First Federal Credit Control P.O. Box 20790 Columbus, OH 43220							
Account No. xx6566		H					62.89
First Federal Credit Control P.O. Box 20790 Columbus, OH 43220							
Account No. xx2013		W					60.00
First Federal Credit Control P.O. Box 20790 Columbus, OH 43220							
Account No. xxxxx1898		W					749.42
First National Collection Bureau, Inc. 610 Waltham Way Sparks, NV 89434							
Account No.		H					470.00
First Premier Bank 601 S. Minnesota Ave. Sioux Falls, SD 57104							
Sheet no. <u>26</u> of <u>67</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							1,746.31
Subtotal (Total of this page)							

B6F (Official Form 6F) (12/07) - Cont.

In re **Andrew L Chapman,
Melissa H Chapman**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.						
First USA, NA P.O. Box 15298 Wilmington, DE 19850	H					1,043.00
Account No.						
Firstday FCU P.O. Box 407 Dayton, OH 45405	H					0.00
Account No. xxxx8526						
Firstsource Advantage, LLC 205 Bryant Woods Buffalo, NY 14226	W					453.74
Account No.						
Fist Bank of DE/Contine 1000 Rock Run Parkway Wilmington, DE 19801	H					0.00
Account No. xxxxx2914						
FMS Investment Group P.O. Box 561 Fort Mill, SC 29716	W					1,280.22
Sheet no. 27 of 67 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						2,776.96

B6F (Official Form 6F) (12/07) - Cont.

In re **Andrew L Chapman,
Melissa H Chapman**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. xxxxxxx3260		W					635.85
FMS, Inc. P.O. Box 707601 Tulsa, OK 74170							
Account No.		W					399.00
FNCC 500 East 60th St., N Sioux Falls, SD 57104							
Account No. xxxx8258		H					55.48
Franklin Collection Service, Inc. P.O. Box 3910 Tupelo, MS 38803							
Account No. xxxxxxxxxx8694		W					5,046.31
Freedom Road Financial 10605 Double Blvd. #100 Reno, NV 89521							
Account No.		H					470.00
FST Premier 3820 N. Louise Ave. Sioux Falls, SD 57107							
Sheet no. <u>28</u> of <u>67</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)
							6,606.64

B6F (Official Form 6F) (12/07) - Cont.

In re **Andrew L Chapman,
Melissa H Chapman**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. xx-xxxxxx/xxxxxx0956	H						1,329.25
Fulton Friedman & Gullace, LLP P.O. Box 2123 Warren, MI 48090							
Account No. xxxxx0131	H						230.04
GAIC P.O. Box 205076 Nashville, TN 37230							
Account No. xxxx-xxxx-xxxx-1784	W						1,862.19
GC Services Limited Partnership 6330 Gulton Houston, TX 77081							
Account No.	W						1,629.59
GE Money Bank P.O. Box 981127 El Paso, TX 79998							
Account No.	H						2,354.00
GECRB/GE Capital Card P.O. Box 981439 El Paso, TX 79998							
Sheet no. <u>29</u> of <u>67</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)
							7,405.07

B6F (Official Form 6F) (12/07) - Cont.

In re **Andrew L Chapman,
Melissa H Chapman**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.						
GECRB/Lowes P.O. Box 965005 Orlando, FL 32896	H					1,501.00
Account No.						
GECRB/ShopNBC PLCC P.O. Box 965005 Orlando, FL 32896	W					324.00
Account No.						
GECRB/Thomasville P.O. Box 981439 El Paso, TX 79998	W					3,000.00
Account No.						
GECRB/Walmart DC P.O. Box 965024 Orlando, FL 32896	H					0.00
Account No.						
GECRB/Whitehall P.O. Box 981439 El Paso, TX 79998	W					1,600.00
Sheet no. <u>30</u> of <u>67</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						6,425.00

B6F (Official Form 6F) (12/07) - Cont.

In re **Andrew L Chapman,
Melissa H Chapman**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.						
GECRB/WLMRTD P.O. Box 965024 Orlando, FL 32896	H					2,700.00
Account No.						
GM Financial P.O. Box 183834 Arlington, TX 76096	W					21,330.00
Account No.						
GMPFinancial P.O. Box 181145 Arlington, TX 76096	W					24,260.00
Account No. x2981						
Greater Dayton Surgery Center P.O. Box 73936 Cleveland, OH 44193	H					467.20
Account No. x1381						
Greene County Sanitary Engineering Dept. 667 Dayton Xenia Rd. Xenia, OH 45385	W					224.99
Sheet no. <u>31</u> of <u>67</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						48,982.19

B6F (Official Form 6F) (12/07) - Cont.

In re **Andrew L Chapman,
Melissa H Chapman**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.						
Guardian Finance 2495 Hilliard Rome Rd. Hilliard, OH 43026	H					0.00
Account No. xxxx170-2						
HC Processing Center P.O. Box 829 Springdale, AR 72765	W					4,325.43
Account No.						
HCCREDIT/CIT P.O. Box 829 Springdale, AR 72765	W					3,023.00
Account No.						
HCCREDIT/CIT P.O. Box 829 Springdale, AR 72765	W					2,469.00
Account No. xxxxxxxxxx-xxxx7038						
HRRG P.O. Box 5406 Cincinnati, OH 45273	H					57.00
Sheet no. <u>32</u> of <u>67</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						9,874.43

B6F (Official Form 6F) (12/07) - Cont.

In re **Andrew L Chapman,
Melissa H Chapman**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. xxxxxxxxxx-xxxx7038		H					631.00
HRRG P.O. Box 5406 Cincinnati, OH 45273							
Account No.		H					1,312.00
HSBC Bank P.O. Box 5253 Carol Stream, IL 60197							
Account No.		H					537.00
HSBC Bank P.O. Box 5253 Carol Stream, IL 60197							
Account No.		H					206.00
HSBC Bank P.O. Box 5253 Carol Stream, IL 60197							
Account No.		W					1,029.00
HSBC Bank P.O. Box 5253 Carol Stream, IL 60197							
Sheet no. <u>33</u> of <u>67</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							3,715.00
Subtotal (Total of this page)							3,715.00

B6F (Official Form 6F) (12/07) - Cont.

In re **Andrew L Chapman,
Melissa H Chapman**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. xxxxx8789	H					14,741.32
Human ARC 1457 East 40th St. Cleveland, OH 44103						
Account No. xxx2247	W					471.48
Humana C/O Rawlings Financial Services P.O. Box 2020 La Grange, KY 40031						
Account No. xxxxxxxx-xxx-xx0 HLD	J					950.83
I.C. Systems, Inc. 444 Highway 96 East Saint Paul, MN 55164						
Account No. xxxxxxxx-xx-xxxx0-999	W					273.78
I.C. Systems, Inc. 444 Highway 96 East Saint Paul, MN 55164						
Account No.	H					521.00
ICUL Service Corp. 1807 W. Diehl Rd. Naperville, IL 60566						
Sheet no. <u>34</u> of <u>67</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						16,958.41
Subtotal (Total of this page)						16,958.41

B6F (Official Form 6F) (12/07) - Cont.

In re **Andrew L Chapman,
Melissa H Chapman**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No. xxx7662		W				749.42
Integrity Financial Partners, Inc. P.O. Box 11530 Overland Park, KS 66207						
Account No. xx4609		W				298.78
J.L. Walston & Assoc. 1107 W. Main St., #201 Durham, NC 27701						
Account No. xxxxxxx9843		H				33.80
J.P. Recovery Services, Inc. P.O. Box 16749 Rocky River, OH 44116						
Account No. xxxx #xxxx2432		H				100.00
J.P. Recovery Services, Inc. P.O. Box 16749 Rocky River, OH 44116						
Account No. xxxx #xx6513		H				8,714.78
Javitch, Block & Rathbone 1100 Superior Ave., 19th Floor Cleveland, OH 44114						
Sheet no. <u>35</u> of <u>67</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)			9,896.78

B6F (Official Form 6F) (12/07) - Cont.

In re **Andrew L Chapman,
Melissa H Chapman**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. xxx2797 John G. Neal P.O. Box 369 Powell, OH 43065	W					97.00
Account No. xxxx-x298-1 Kettering Anesthesia Associates, Inc. P.O. Box 713089 Columbus, OH 43271	H					72.32
Account No. xxx0602 Kettering Health Network P.O. Box 182041 Columbus, OH 43218	H					1,266.01
Account No. xxxxx6903 Kettering Network Radiologists P.O. Box 182255 Columbus, OH 43218-2255	H					140.50
Account No. xx0602 Kettering Physician Network P.O. Box 182202 Columbus, OH 43218	H					55.13
Sheet no. <u>36</u> of <u>67</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) 1,630.96

B6F (Official Form 6F) (12/07) - Cont.

In re **Andrew L Chapman,
Melissa H Chapman**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. xx1618	W					44.67
Kettering Physician Network P.O. Box 182202 Columbus, OH 43218						
Account No.	H					5,355.00
Lakeside Recreational Park						
Account No. xxx-xxxxxxx-2011	J					4,143.23
Latitude Subrogation Services 1760 S. Telegraph Rd. Bloomfield Hills, MI 48302						
Account No.	H					550.00
Lebanon Citizens National Bank 2 N. Broadway St. Lebanon, OH 45036						
Account No.	H					143,000.00
Litton Loan Servicing 4828 Loop Central Dr. Houston, TX 77081						
Sheet no. <u>37</u> of <u>67</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						153,092.90
Subtotal (Total of this page)						153,092.90

B6F (Official Form 6F) (12/07) - Cont.

In re **Andrew L Chapman,
Melissa H Chapman**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.						
Long Beach Acceptance 500 N. State College Blvd. Orange, CA 92868	W					0.00
Account No. xxxxxxxxxx3553						
Lowes P.O. Box 530914 Atlanta, GA 30353	W					676.64
Account No. xxxxx3300						
LTD Financial Services 7322 Southwest Frwy., Suite 1600 Houston, TX 77074	W					860.82
Account No.						
LVNV Funding LLC P.O. Box 10497 Greenville, SC 29603	H					7,584.00
Account No.						
LVNV Funding LLC P.O. Box 10497 Greenville, SC 29603	H					2,383.00
Sheet no. <u>38</u> of <u>67</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						11,504.46

B6F (Official Form 6F) (12/07) - Cont.

In re **Andrew L Chapman,
Melissa H Chapman**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.						
LVNV Funding LLC P.O. Box 10497 Greenville, SC 29603	H					5,458.00
Account No.						
LVNV Funding LLC P.O. Box 10497 Greenville, SC 29603	H					3,139.00
Account No.						
LVNV Funding LLC P.O. Box 10497 Greenville, SC 29603	H					589.00
Account No.						
LVNV Funding LLC P.O. Box 740281 Houston, TX 77242	W					1,925.00
Account No.						
LVNV Funding LLC P.O. Box 740281 Houston, TX 77242	W					1,885.00
Sheet no. <u>39</u> of <u>67</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						12,996.00

B6F (Official Form 6F) (12/07) - Cont.

In re **Andrew L Chapman,
Melissa H Chapman**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.						
LVNV Funding LLC P.O. Box 740281 Houston, TX 77242	W					1,220.00
Account No. xxxxxxxx2600						
Macy's P.O. Box 6938 The Lakes, NV 88901	W					635.85
Account No.						
Mark Bogen 41 N. Broadway St. Lebanon, OH 45036	J					500.00
Account No.						
Markone Financial 7601 Centurion Pkwy Jacksonville, FL 32256	H					0.00
Account No.						
Mathis Broth 3434 W. Reno Oklahoma City, OK 73137	W					500.00
Sheet no. <u>40</u> of <u>67</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						2,855.85

B6F (Official Form 6F) (12/07) - Cont.

In re **Andrew L Chapman,
Melissa H Chapman**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. xxxxx0081			W				21.03
Mathmania P.O. Box 4002862 Des Moines, IA 50340							
Account No.			H				855.00
MCYDSNB 9111 Duke Blvd. Mason, OH 45040							
Account No.			W				636.00
MCYDSNB 9111 Duke Blvd. Mason, OH 45040							
Account No.			W				1,513.00
Merrick Bank P.O. Box 9201 Old Bethpage, NY 11804							
Account No. xxx8162			W				294.00
Miami Valley Emergency Specialists 2950 Robertson Ave., #200 Cincinnati, OH 45209							
Sheet no. <u>41</u> of <u>67</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims				Subtotal (Total of this page)			3,319.03

B6F (Official Form 6F) (12/07) - Cont.

In re **Andrew L Chapman,
Melissa H Chapman**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.					
Account No. xxx3470		W					393.00	
Miami Valley Emergency Specialists P.O. Box 951426 Cleveland, OH 44193								
Account No. xxxxx7947		H					100.00	
Miami Valley Hospital Premier Health Partners P.O. Box 713072 Columbus, OH 43271-3072								
Account No. xxxxx1791		H					100.00	
Miami Valley Hospital Premier Health Partners P.O. Box 713072 Columbus, OH 43271-3072								
Account No. xxxxx9843		H					33.80	
Miami Valley Hospital Premier Health Partners P.O. Box 713072 Columbus, OH 43271-3072								
Account No. xxxxx8721		W					909.31	
Miami Valley Hospital P.O. Box 713072 Columbus, OH 43271								
Sheet no. <u>42</u> of <u>67</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)	1,536.11

B6F (Official Form 6F) (12/07) - Cont.

In re **Andrew L Chapman,
Melissa H Chapman**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. xxxxxx7390		H					32,405.93
Midland Credit MAnagement P.O. Box 60578 Los Angeles, CA 90060							
Account No. xxxxxx8700		W					584.37
Midland Credit Management, Inc. P.O. Box 60578 Los Angeles, CA 90060							
Account No.		H					3,513.00
Midland Funding 8875 Aero Dr. Ste. 200 San Diego, CA 92123							
Account No.		H					1,237.00
Midland Funding 8875 Aero Dr. Ste. 200 San Diego, CA 92123							
Account No.		H					32,238.00
Midland Funding 8875 Aero Dr. Ste. 200 San Diego, CA 92123							
Sheet no. <u>43</u> of <u>67</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							69,978.30
Subtotal (Total of this page)							69,978.30

B6F (Official Form 6F) (12/07) - Cont.

In re **Andrew L Chapman,
Melissa H Chapman**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.						
Midland Funding 8875 Aero Dr. Ste. 200 San Diego, CA 92123	W					689.00
Account No.						
Midland Funding 8875 Aero Dr. Ste. 200 San Diego, CA 92123	W					639.00
Account No. xx7420						
Miracle Financial P.O. Box 505 Linden, MI 48451	W					1,263.60
Account No. xxxxxxxx/xxxx1296						
Monarch Recovery Management, Inc. 10965 Decatur Rd. Philadelphia, PA 19154	H					2,318.94
Account No. xxx4972						
MRS Associates 1930 Olney Ave. Cherry Hill, NJ 08003	W					20,638.09
Sheet no. 44 of 67 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						25,548.63

B6F (Official Form 6F) (12/07) - Cont.

In re **Andrew L Chapman,
Melissa H Chapman**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No. xxx0137		W				649.68
National Credit Adjusters P.O. Box 3023 Hutchinson, KS 67504						
Account No. xx3023		W				19,294.33
NCO Fin Serv/Nationwide Insurance P.O. Box 15636 Wilmington, DE 19850						
Account No. xx8412		W				860.82
NCO Fin Serv/Nationwide Insurance P.O. Box 15636 Wilmington, DE 19850						
Account No. xxxxxxxxxxxx1825		W				578.00
NCO Fin Serv/Nationwide Insurance P.O. Box 15636 Wilmington, DE 19850						
Account No.		W				247.15
NCO Fin Serv/Nationwide Insurance P.O. Box 15636 Wilmington, DE 19850						
Sheet no. <u>45</u> of <u>67</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)			21,629.98

B6F (Official Form 6F) (12/07) - Cont.

In re **Andrew L Chapman,
Melissa H Chapman**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. xx5JBT	H					697.00
NCO Financial Services P.O. Box 15740 Wilmington, DE 19850						
Account No. xx4DHT	H					208.22
NCO Financial Services P.O. Box 15740 Wilmington, DE 19850						
Account No. xxA677	W					761.62
NCO Financial Systems P.O. Box 15372 Wilmington, DE 19850						
Account No. xxxx7567	H					7,440.00
Northland Group Inc. P.O. Box 390846 Minneapolis, MN 55439						
Account No. xxxxx7576	W					1,880.52
Northland Group Inc. P.O. Box 390846 Minneapolis, MN 55439						
Sheet no. <u>46</u> of <u>67</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						10,987.36
Subtotal (Total of this page)						

B6F (Official Form 6F) (12/07) - Cont.

In re **Andrew L Chapman,
Melissa H Chapman**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C					
Account No. xxxxxx5463		W					453.74
Northland Group Inc. P.O. Box 390846 Minneapolis, MN 55439							
Account No. xxxxx5111		W					635.85
Northland Group Inc. P.O. Box 390846 Minneapolis, MN 55439							
Account No. xxxxx9909		W					1,854.43
Northland Group Inc. P.O. Box 390846 Minneapolis, MN 55439							
Account No. xxxxx6219		W					1,171.91
Northland Group, Inc. P.O. Box 390846 Minneapolis, MN 55439							
Account No.		H					0.00
Nowcom Auto Express 5497 Dixie Hwy. Fairfield, OH 45014							
Sheet no. <u>47</u> of <u>67</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims				Subtotal (Total of this page)			4,115.93

B6F (Official Form 6F) (12/07) - Cont.

In re **Andrew L Chapman,
Melissa H Chapman**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. xxxxME-00 Oak Creek OB/GYN, Inc. 6438 Wilmintgon Pike, #300 Dayton, OH 45459	W					35.54
Account No. Ohio Dept. of Human Services 500 Justice Dr. Lebanon, OH 45036	H					5,967.00
Account No. Owners Insurance Company P.O. Box 26257 Columbus, OH 43226	W					0.00
Account No. xxxx9711 Palisades Collection, LLC P.O. Box 1244 Englewood Cliffs, NJ 07632	W					689.39
Account No. xx8436 PCB P.O. Box 29917 Columbus, OH 43229	H					63.76
Sheet no. 48 of 67 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						6,755.69
Subtotal (Total of this page)						6,755.69

B6F (Official Form 6F) (12/07) - Cont.

In re **Andrew L Chapman,
Melissa H Chapman**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. xx1618 PCB P.O. Box 29917 Columbus, OH 43229	W					25.82
Account No. PCB 5500 New Albany Rd. New Albany, OH 43054	W					712.00
Account No. xx3648 PCI P.O. Box 1619 Saint Cloud, MN 56302	W					507.18
Account No. xx8486 Peak 5 6782 S. Potomac St. Englewood, CO 80112	W					15,498.13
Account No. xx6140 Pediatric Associates of Dayton, Inc. 9000 N. Main St. Dayton, OH 45415	H					688.00
Sheet no. 49 of 67 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) 17,431.13

B6F (Official Form 6F) (12/07) - Cont.

In re **Andrew L Chapman,
Melissa H Chapman**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. xxx54-43	W					153.00
Pediatric Prod DBA Express NEBS 10679 McSwain Dr. Cincinnati, OH 45241						
Account No. xxx72-43	W					28.27
Pediatric Prod DBA Express NEBS 10679 McSwain Dr. Cincinnati, OH 45241						
Account No. xxx2451	W					51.86
Pediatric Medical Group P.O. Box 88087 Chicago, IL 60680						
Account No.	W					1,066.00
Pinnacle Credit Service 7900 Highway 7, #100 Minneapolis, MN 55426						
Account No. xxxxxxxx4566	H					5,599.24
Portfolio Recovery P.O. Box 12914 Norfolk, VA 23541						
Sheet no. <u>50</u> of <u>67</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						6,898.37
Subtotal (Total of this page)						6,898.37

B6F (Official Form 6F) (12/07) - Cont.

In re **Andrew L Chapman,
Melissa H Chapman**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. xxxxxxxxxxxx1590			H				6,581.26
Portfolio Recovery P.O. Box 12914 Norfolk, VA 23541							
Account No. xxxx-xxxx-xxxx-1596			H				6,581.26
Portfolio Recovery P.O. Box 12914 Norfolk, VA 23541							
Account No.			W				2,145.00
Preferred Credit, Inc. 3051 2nd St., S., Ste. 200 Saint Cloud, MN 56301							
Account No. xxxx9198			W				15,537.21
Prof. Bureau of Collections of Maryland P.O. Box 4157 Englewood, CO 80155							
Account No. xxxxxx-xx3020			W				319.00
Progressive Financial Services P.O. Box 22083 Tempe, AZ 85285							
Sheet no. <u>51</u> of <u>67</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims				Subtotal (Total of this page)			31,163.73

B6F (Official Form 6F) (12/07) - Cont.

In re **Andrew L Chapman,
Melissa H Chapman**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. xx4829	H						75.00
Pulmonary Critical Care 1520 S. Main St., #2 Dayton, OH 45409							
Account No.	W						247.00
Receivables Performance 20816 44th W. W Lynnwood, WA 98036							
Account No. xx6386	W						102.00
Regional Pathology Services P.O. Box 71084 Columbus, OH 43271							
Account No. xxxx0470	W						552.62
Reliant Capital Solutions, KKC P.O. Box 30469 Columbus, OH 43230							
Account No. xxxx0301	H						140.50
Revenue Group 3700 Park East Dr. Ste. 24 Beachwood, OH 44122							
Sheet no. <u>52</u> of <u>67</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							1,117.12
Subtotal (Total of this page)							

B6F (Official Form 6F) (12/07) - Cont.

In re **Andrew L Chapman,
Melissa H Chapman**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. xxxxxxxxxxx0170	H						2,633.22
Richard J. Boudreau & Assoc., Inc. 6 Manor Parkway Salem, FL 33079							
Account No.	H						404.00
Richard Kaplow 614 Superior Ave., N.W. Cleveland, OH 44113							
Account No. xx9904	W						510.11
River Collection & Recovery Service, Inc P.O. Box 992 Elk River, MN 55330							
Account No. xxxxxxxx4006	H						79.68
RJM Acquisition, LLC 575 Underhill Blvd., #224 Syosset, NY 11791							
Account No. xxxxxxxx2351	H						96.35
RJM Acquisition, LLC 575 Underhill Blvd., #224 Syosset, NY 11791							
Sheet no. <u>53</u> of <u>67</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							3,723.36
Subtotal (Total of this page)							3,723.36

B6F (Official Form 6F) (12/07) - Cont.

In re **Andrew L Chapman,
Melissa H Chapman**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.						
RJM Acquisition, LLC 575 Underhill Blvd., #224 Syosset, NY 11791	H					79.00
Account No. xxxxx448R						
Robert Matejczyk & Ita Co., LPA 5045 Park Ave. West Seville, OH 44273	J					4,143.23
Account No. xxxx0148						
RPM 20816 44th Ave., West Lynnwood, WA 98036	W					689.39
Account No. xxxx6474						
Rumpke P.O. Box 538701 Cincinnati, OH 45253	H					45.87
Account No. x7519						
Salina Clinic 501 S. Santa Fe, Ste. 100 Salina, KS 67401	H					745.73
Sheet no. 54 of 67 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						5,703.22

B6F (Official Form 6F) (12/07) - Cont.

In re **Andrew L Chapman,
Melissa H Chapman**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. xxx0099	W					3.00
Salina Family Healthcare Center P.O. Box 15372 Salina, KS 67402						
Account No. x7998	W					65.64
Salina Family Healthcare Center P.O. Box 15372 Salina, KS 67402						
Account No. 6519	H					30.00
Salina Pediatric Care 520 S. Santa Fe, Ste. 120 Salina, KS 67401						
Account No. 6461	W					15.20
Salina Pediatric Care 520 S. Santa Fe, Ste. 120 Salina, KS 67401						
Account No. xxxxxxxx1180	H					1,111.68
Salina Regional Health Center P.O. Box 1333 Salina, KS 67402						
Sheet no. <u>55</u> of <u>67</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						1,225.52
Subtotal (Total of this page)						1,225.52

B6F (Official Form 6F) (12/07) - Cont.

In re **Andrew L Chapman,
Melissa H Chapman**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C					
Account No. xxx9073		H					100.00
Scheer, Green & Burke, Co. P.O. Box 1335 Toledo, OH 43603							
Account No. xxx3444		W					125.00
Scheer, Green & Burke, Co. P.O. Box 1335 Toledo, OH 43603							
Account No.		H					6,690.00
Sears/CBNA P.O. Box 6282 Sioux Falls, SD 57117							
Account No.		H					0.00
Sears/CBNA 701 East 60th St. N Sioux Falls, SD 57117							
Account No. xxxxx5457		W					57.75
SKO Brenner American P.O. Box 230 Farmingdale, NY 11735							
Sheet no. <u>56</u> of <u>67</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims				Subtotal (Total of this page)			6,972.75

B6F (Official Form 6F) (12/07) - Cont.

In re **Andrew L Chapman,
Melissa H Chapman**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C					
Account No. xx9959		H					404.00
South Dayton Acute Care P.O. Box 713174 Columbus, OH 43271							
Account No. x2650		H					211.00
Southwest Cardiology, Inc. P.O. Box 706203 Cincinnati, OH 45270							
Account No. xxxx5701		H					55.48
Southwest Credit Systems 4120 International Parkway Carrollton, TX 75007							
Account No.		H					3,569.00
Springleaf Financial P.O. Box 3251 Evansville, IN 47731							
Account No.		H					5,868.00
Springleaf Financial P.O. Box 3251 Evansville, IN 47731							
Sheet no. <u>57</u> of <u>67</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims				Subtotal (Total of this page)		10,107.48	

B6F (Official Form 6F) (12/07) - Cont.

In re **Andrew L Chapman,
Melissa H Chapman**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.						
Springleaf Financial P.O. Box 3251 Evansville, IN 47731	H					3,985.00
Account No.						
SST/First CU 4315 Pickett Rd. Saint Joseph, MO 64503	W					25,957.00
Account No. xxx8984						
Stephens & Michael Assoc., Inc. P.O. Box 109 Salem, NH 03079	W					1,066.31
Account No.						
Sure Check Brokerage P.O. Box 1906 Salina, KS 67402	J					5,577.65
Account No. x4225						
Suresh Gupta, M.D., Inc. P.O. Box 31709 Dayton, OH 45437	H					425.00
Sheet no. 58 of 67 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						37,010.96

B6F (Official Form 6F) (12/07) - Cont.

In re **Andrew L Chapman,
Melissa H Chapman**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.						
Target National Bank P.O. Box 59317 Minneapolis, MN 55459	W					414.74
Account No. xxxx8881						
Tate & Kirlin Assoc. 2810 Southampton Rd. Philadelphia, PA 19154	H					2,843.56
Account No. xxxx1695						
Tate & Kirlin Assoc. 2810 Southampton Rd. Philadelphia, PA 19154	W					1,854.43
Account No. 6775						
Tekcollect P.O. Box1269 Columbus, OH 43216	W					115.00
Account No. xxxxxxxxxxxxxx0001						
Time Warner Cable P.O. Box 1060 Carol Stream, IL 60132	H					401.54
Sheet no. 59 of 67 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						5,629.27

B6F (Official Form 6F) (12/07) - Cont.

In re **Andrew L Chapman,
Melissa H Chapman**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.						
TNB/Target P.O. Box 673 Minneapolis, MN 55440	W					453.00
Account No. xx7709						
TNC Behavioral Services 452 W. Market St. Xenia, OH 45385	W					365.53
Account No.						
Torres Credit Service 27 Fairview St., #301 Carlisle, PA 17015	H					49.00
Account No.						
Tract/CBNA P.O. Box 6497 Sioux Falls, SD 57117	H					978.00
Account No.						
Transworld Systems, Inc. 3077 Kettering Blvd., #209 Dayton, OH 45439	W					79.67
Sheet no. 60 of 67 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						1,925.20

B6F (Official Form 6F) (12/07) - Cont.

In re **Andrew L Chapman,
Melissa H Chapman**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. xxxxxx-xxxxxxxME00		W				45.54
Transworld Systems, Inc. 3077 Kettering Blvd., #209 Dayton, OH 45439						
Account No. xxxxxx4503		W				211.03
Transworld Systems, Inc. 3077 Kettering Blvd., #209 Dayton, OH 45439						
Account No. xxxxxx9714		W				79.67
Transworld Systems, Inc. 3077 Kettering Blvd., #209 Dayton, OH 45439						
Account No.		H				96.00
Trident Asset Management 5755 Northpoint Plwy, Ste. Alpharetta, GA 30022						
Account No.		H				121.00
Trident Asset Management 5755 Northpoint Plwy, Ste. Alpharetta, GA 30022						
Sheet no. <u>61</u> of <u>67</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						553.24

B6F (Official Form 6F) (12/07) - Cont.

In re **Andrew L Chapman,
Melissa H Chapman**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.						
Trident Asset Management 5755 Northpoint Plwy, Ste. Alpharetta, GA 30022	H					73.00
Account No.						
U.S. Dept. of Education P.O. Box 5609 Greenville, TX 75403	H					13,052.00
Account No.						
U.S. Dept. of Education P.O. Box 5609 Greenville, TX 75403	H					10,732.00
Account No.						
U.S. Dept. of Education P.O. Box 5609 Greenville, TX 75403	H					2,199.00
Account No.						
U.S. Dept. of Education P.O. Box 5609 Greenville, TX 75403	H					0.00
Sheet no. <u>62</u> of <u>67</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						26,056.00
Subtotal (Total of this page)						26,056.00

B6F (Official Form 6F) (12/07) - Cont.

In re **Andrew L Chapman,
Melissa H Chapman**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. xxxx5281	W					66.86
Unique National Collection 119 E. Maple St. Jeffersonville, IN 47130						
Account No. xxxx8571	W					111.93
Unique National Collection 119 E. Maple St. Jeffersonville, IN 47130						
Account No. xxxx8575	W					136.78
Unique National Collection 119 E. Maple St. Jeffersonville, IN 47130						
Account No. xxxxx9843	H					33.80
United Collection Bureau 5620 Southwyck Blvd. Toledo, OH 43614						
Account No.	W					102.00
United Collection Bureau 5620 Southwyck Blvd. Toledo, OH 43614						
Sheet no. <u>63</u> of <u>67</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						451.37
Subtotal (Total of this page)						451.37

B6F (Official Form 6F) (12/07) - Cont.

In re **Andrew L Chapman,
Melissa H Chapman**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C					
Account No. xxxx6502		W					652.67
United Recovery Systems 5800 North Course Drive Houston, TX 77072							
Account No.		H					4,902.00
Universal One Credit Union 1 River Park Dr. Dayton, OH 45409							
Account No.		H					5,538.00
Universal One Credit Union 1 River Park Dr. Dayton, OH 45409							
Account No.		H					0.00
Universal One Credit Union 1 River Park Dr. Dayton, OH 45409							
Account No.		H					0.00
Universal One Credit Union 1 River Park Dr. Dayton, OH 45409							
Account No.		H					0.00
Universal One Credit Union 1 River Park Dr. Dayton, OH 45409							
Sheet no. <u>64</u> of <u>67</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims				Subtotal (Total of this page)			11,092.67

B6F (Official Form 6F) (12/07) - Cont.

In re **Andrew L Chapman,
Melissa H Chapman**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.						
Universal One Credit Union 1 River Park Dr. Dayton, OH 45409	H					0.00
Account No.						
University of Phoenix 4615 E. Elwood St., Fl. 3 Phoenix, AZ 85040	W					1,050.00
Account No. xxxxxxxxxxx2479						
US Bank P.O. Box 5227 Cincinnati, OH 45202	H					510.11
Account No. xxxxxxxxxxx5503						
US Bank P.O. Box 5227 Cincinnati, OH 45202	H					707.10
Account No. xxx6673						
Van RU Credit Corp. 1350 E. Touhy Ave., #100 E Des Plaines, IL 60018	W					635.85
Sheet no. <u>65</u> of <u>67</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						2,903.06

B6F (Official Form 6F) (12/07) - Cont.

In re **Andrew L Chapman,
Melissa H Chapman**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. xx-xxxxxxxx-xxx8102 Vectren P.O. Box 6262 Indianapolis, IN 46206	W					629.93
Account No. xxx1136 Vengroff, Williams & Assoc., Inc. P.O. Box 4155 Sarasota, FL 34230	W					915.05
Account No. xxxxxxxxxxx0001 Verizon Wireless P.O. Box 660108 Dallas, TX 75266	W					1,070.85
Account No. xxxx-xxxx-xxxx-1825 Walmart P.O. Box 530927 Atlanta, GA 30353	W					749.42
Account No. xxx2093 Welch Community Hospital 454 McDowell St. Welch, WV 24801	H					925.49
Sheet no. 66 of 67 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						4,290.74

B6F (Official Form 6F) (12/07) - Cont.

In re **Andrew L Chapman,
Melissa H Chapman**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No. xxx1681		W				2,958.11
Weltman, Weinberg & Reis P.O. Box 93596 Cleveland, OH 44101						
Account No. xxx72-43		W				28.27
Xpress NEB 10679 McSwain Dr. Cincinnati, OH 45241						
Account No. xxxxxx5747		W				749.42
Zenith Acquisition Group P.O. Box 85 Buffalo, NY 14226						
Account No.						
Account No.						
Sheet no. <u>67</u> of <u>67</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						3,735.80
Subtotal (Total of this page)						
Total (Report on Summary of Schedules)						839,380.87

In re **Andrew L Chapman,
Melissa H Chapman**

Case No. _____

Debtors

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser", "Agent", etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☐ Check this box if debtor has no executory contracts or unexpired leases.

Name and Mailing Address, Including Zip Code,
of Other Parties to Lease or Contract

Description of Contract or Lease and Nature of Debtor's Interest.
State whether lease is for nonresidential real property.
State contract number of any government contract.

In re **Andrew L Chapman,
Melissa H Chapman**

Case No. _____

Debtors

SCHEDULE H - CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☐ Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR

NAME AND ADDRESS OF CREDITOR

0

continuation sheets attached to Schedule of Codebtors

B6I (Official Form 6I) (12/07)

In re **Andrew L Chapman**
Melissa H Chapman

Case No. _____

Debtor(s) _____

SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by every married debtor, whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. Do not state the name of any minor child. The average monthly income calculated on this form may differ from the current monthly income calculated on Form 22A, 22B, or 22C.

Debtor's Marital Status: Married	DEPENDENTS OF DEBTOR AND SPOUSE	
	RELATIONSHIP(S): Son Son Wife Daughter Daughter Daughter	AGE(S): 1 2 33 5 6 9
Employment:	DEBTOR	SPOUSE
Occupation	Lineman	
Name of Employer	H&W Utility Group II, Inc.	
How long employed	14 months	
Address of Employer	420 S. Roth St., Suite B Reed City, MI 49677	

INCOME: (Estimate of average or projected monthly income at time case filed)

1. Monthly gross wages, salary, and commissions (Prorate if not paid monthly)
2. Estimate monthly overtime

DEBTOR	SPOUSE
\$ 4,634.93	\$ 0.00
\$ 0.00	\$ 0.00
\$ 4,634.93	\$ 0.00

3. SUBTOTAL

4. LESS PAYROLL DEDUCTIONS

- a. Payroll taxes and social security
- b. Insurance
- c. Union dues
- d. Other (Specify): _____

\$ 1,131.74	\$ 0.00
\$ 140.01	\$ 0.00
\$ 138.02	\$ 0.00
\$ 0.00	\$ 0.00
\$ 0.00	\$ 0.00

5. SUBTOTAL OF PAYROLL DEDUCTIONS

\$ 1,409.77	\$ 0.00
--------------------	----------------

6. TOTAL NET MONTHLY TAKE HOME PAY

\$ 3,225.16	\$ 0.00
--------------------	----------------

7. Regular income from operation of business or profession or farm (Attach detailed statement)

8. Income from real property

9. Interest and dividends

10. Alimony, maintenance or support payments payable to the debtor for the debtor's use or that of dependents listed above

11. Social security or government assistance (Specify): _____

12. Pension or retirement income

13. Other monthly income (Specify): _____

\$ 0.00	\$ 0.00
\$ 0.00	\$ 0.00
\$ 0.00	\$ 0.00
\$ 710.00	\$ 0.00
\$ 0.00	\$ 0.00
\$ 0.00	\$ 0.00
\$ 0.00	\$ 0.00
\$ 0.00	\$ 0.00
\$ 0.00	\$ 0.00

14. SUBTOTAL OF LINES 7 THROUGH 13

\$ 710.00	\$ 0.00
------------------	----------------

15. AVERAGE MONTHLY INCOME (Add amounts shown on lines 6 and 14)

\$ 3,935.16	\$ 0.00
--------------------	----------------

16. COMBINED AVERAGE MONTHLY INCOME: (Combine column totals from line 15)

\$ 3,935.16	
--------------------	--

(Report also on Summary of Schedules and, if applicable, on Statistical Summary of Certain Liabilities and Related Data)

B6I (Official Form 6I) (12/07)

17. Describe any increase or decrease in income reasonably anticipated to occur within the year following the filing of this document:

B6J (Official Form 6J) (12/07)

In re **Andrew L Chapman**
Melissa H Chapman

Case No. _____

Debtor(s)

SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)

Complete this schedule by estimating the average or projected monthly expenses of the debtor and the debtor's family at time case filed. Prorate any payments made bi-weekly, quarterly, semi-annually, or annually to show monthly rate. The average monthly expenses calculated on this form may differ from the deductions from income allowed on Form 22A or 22C.

☐ Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Complete a separate schedule of expenditures labeled "Spouse."

1. Rent or home mortgage payment (include lot rented for mobile home)	\$	1,150.00
a. Are real estate taxes included? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
b. Is property insurance included? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
2. Utilities:		
a. Electricity and heating fuel	\$	300.00
b. Water and sewer	\$	120.00
c. Telephone	\$	250.00
d. Other Internet/Cable TV	\$	150.00
3. Home maintenance (repairs and upkeep)	\$	50.00
4. Food	\$	800.00
5. Clothing	\$	200.00
6. Laundry and dry cleaning	\$	50.00
7. Medical and dental expenses	\$	150.00
8. Transportation (not including car payments)	\$	1,000.00
9. Recreation, clubs and entertainment, newspapers, magazines, etc.	\$	150.00
10. Charitable contributions	\$	0.00
11. Insurance (not deducted from wages or included in home mortgage payments)		
a. Homeowner's or renter's	\$	0.00
b. Life	\$	0.00
c. Health	\$	0.00
d. Auto	\$	220.00
e. Other	\$	0.00
12. Taxes (not deducted from wages or included in home mortgage payments) (Specify)	\$	0.00
13. Installment payments: (In chapter 11, 12, and 13 cases, do not list payments to be included in the plan)		
a. Auto	\$	555.00
b. Other	\$	0.00
c. Other	\$	0.00
14. Alimony, maintenance, and support paid to others	\$	600.00
15. Payments for support of additional dependents not living at your home	\$	0.00
16. Regular expenses from operation of business, profession, or farm (attach detailed statement)	\$	0.00
17. Other	\$	0.00
Other	\$	0.00
18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)	\$	5,745.00
19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document:		
20. STATEMENT OF MONTHLY NET INCOME		
a. Average monthly income from Line 15 of Schedule I	\$	3,935.16
b. Average monthly expenses from Line 18 above	\$	5,745.00
c. Monthly net income (a. minus b.)	\$	-1,809.84

United States Bankruptcy Court
Southern District of OhioIn re **Andrew L Chapman**
Melissa H Chapman

Debtor(s)

Case No.

Chapter

7**DECLARATION CONCERNING DEBTOR'S SCHEDULES**

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of **82** sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date **May 30, 2013**Signature **/s/ Andrew L Chapman****Andrew L Chapman**

Debtor

Date **May 30, 2013**Signature **/s/ Melissa H Chapman****Melissa H Chapman**

Joint Debtor

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both.
18 U.S.C. §§ 152 and 3571.

United States Bankruptcy Court
Southern District of Ohio

In re **Andrew L Chapman**
Melissa H Chapman

Debtor(s)

Case No.

Chapter

7

STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112; Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

DEFINITIONS

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any persons in control of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(2), (31).

1. Income from employment or operation of business

None

☐

State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT
\$21,392.00

SOURCE
**H&W Utility Group II, Inc.
Husband
1-1-13/5-17-13**

2. Income other than from employment or operation of business

None

☒

State the amount of income received by the debtor other than from employment, trade, profession, or operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT

SOURCE

B7 (Official Form 7) (04/13)

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3. Payments to creditors

None ☒ **Complete a. or b., as appropriate, and c.**

a. *Individual or joint debtor(s) with primarily consumer debts:* List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within **90 days** immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATES OF PAYMENTS	AMOUNT PAID	AMOUNT STILL OWING
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None ☒ b. *Debtor whose debts are not primarily consumer debts:* List each payment or other transfer to any creditor made within **90 days** immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$6,225*. If the debtor is an individual, indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATES OF PAYMENTS/ TRANSFERS	AMOUNT PAID OR VALUE OF TRANSFERS	AMOUNT STILL OWING
------------------------------	---------------------------------	-----------------------------------------	--------------------

None ☒ c. *All debtors:* List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR AND RELATIONSHIP TO DEBTOR	DATE OF PAYMENT	AMOUNT PAID	AMOUNT STILL OWING
------------------------------------------------------------	-----------------	-------------	--------------------

4. Suits and administrative proceedings, executions, garnishments and attachments

None ☐ a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT AND CASE NUMBER	NATURE OF PROCEEDING	COURT OR AGENCY AND LOCATION	STATUS OR DISPOSITION
Owners Insurance Company v. Melissa Chapman & Andrew Chapman 13CVE00415	Complaint	Kettering Municipal Court, Montgomery, Kettering, Ohio	Complaint filed 5-23-13

None ☒ b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON FOR WHOSE BENEFIT PROPERTY WAS SEIZED	DATE OF SEIZURE	DESCRIPTION AND VALUE OF PROPERTY
---------------------------------------------------------------------	-----------------	--------------------------------------

* Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

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5. Repossessions, foreclosures and returns

- None ☐ List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR OR SELLER	DATE OF REPOSSESSION, FORECLOSURE SALE, TRANSFER OR RETURN	DESCRIPTION AND VALUE OF PROPERTY
----------------------------------------	------------------------------------------------------------	-----------------------------------

6. Assignments and receiverships

- None ☐ a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF ASSIGNEE	DATE OF ASSIGNMENT	TERMS OF ASSIGNMENT OR SETTLEMENT
------------------------------	--------------------	-----------------------------------

- None ☐ b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CUSTODIAN	NAME AND LOCATION OF COURT CASE TITLE & NUMBER	DATE OF ORDER	DESCRIPTION AND VALUE OF PROPERTY
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7. Gifts

- None ☐ List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON OR ORGANIZATION	RELATIONSHIP TO DEBTOR, IF ANY	DATE OF GIFT	DESCRIPTION AND VALUE OF GIFT
--------------------------------------------	--------------------------------	--------------	-------------------------------

8. Losses

- None ☐ List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the commencement of this case**. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DESCRIPTION AND VALUE OF PROPERTY	DESCRIPTION OF CIRCUMSTANCES AND, IF LOSS WAS COVERED IN WHOLE OR IN PART BY INSURANCE, GIVE PARTICULARS	DATE OF LOSS
-----------------------------------	----------------------------------------------------------------------------------------------------------	--------------

9. Payments related to debt counseling or bankruptcy

- None ☐ List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of the petition in bankruptcy within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE	DATE OF PAYMENT, NAME OF PAYER IF OTHER THAN DEBTOR	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
---------------------------	-----------------------------------------------------	------------------------------------------------------

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10. Other transfers

- None ☐ a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **two years** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF TRANSFEREE, RELATIONSHIP TO DEBTOR	DATE	DESCRIBE PROPERTY TRANSFERRED AND VALUE RECEIVED
-----------------------------------------------------------	------	-----------------------------------------------------

- None ☐ b. List all property transferred by the debtor within **ten years** immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

NAME OF TRUST OR OTHER DEVICE	DATE(S) OF TRANSFER(S)	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY OR DEBTOR'S INTEREST IN PROPERTY
----------------------------------	---------------------------	---------------------------------------------------------------------------------------------

11. Closed financial accounts

- None ☐ List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF INSTITUTION	TYPE OF ACCOUNT, LAST FOUR DIGITS OF ACCOUNT NUMBER, AND AMOUNT OF FINAL BALANCE	AMOUNT AND DATE OF SALE OR CLOSING
---------------------------------	----------------------------------------------------------------------------------------	---------------------------------------

12. Safe deposit boxes

- None ☐ List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF BANK OR OTHER DEPOSITORY	NAMES AND ADDRESSES OF THOSE WITH ACCESS TO BOX OR DEPOSITORY	DESCRIPTION OF CONTENTS	DATE OF TRANSFER OR SURRENDER, IF ANY
-------------------------------------------------	---------------------------------------------------------------------	----------------------------	------------------------------------------

13. Setoffs

- None ☐ List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATE OF SETOFF	AMOUNT OF SETOFF
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14. Property held for another person

- None ☐ List all property owned by another person that the debtor holds or controls.

NAME AND ADDRESS OF OWNER	DESCRIPTION AND VALUE OF PROPERTY	LOCATION OF PROPERTY
---------------------------	-----------------------------------	----------------------

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15. Prior address of debtor

- None ☐ If the debtor has moved within **three years** immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

ADDRESS	NAME USED	DATES OF OCCUPANCY
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16. Spouses and Former Spouses

- None ☐ If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within **eight years** immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

NAME

17. Environmental Information.

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law

- None ☐ a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
-----------------------	---------------------------------------	----------------	-------------------

- None ☐ b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
-----------------------	---------------------------------------	----------------	-------------------

- None ☐ c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

NAME AND ADDRESS OF GOVERNMENTAL UNIT	DOCKET NUMBER	STATUS OR DISPOSITION
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B7 (Official Form 7) (04/13)

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18 . Nature, location and name of business

None

- ☐ a. *If the debtor is an individual*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within **six years** immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within **six years** immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

NAME	LAST FOUR DIGITS OF SOCIAL-SECURITY OR OTHER INDIVIDUAL TAXPAYER-I.D. NO. (ITIN)/ COMPLETE EIN	ADDRESS	NATURE OF BUSINESS	BEGINNING AND ENDING DATES
------	------------------------------------------------------------------------------------------------------------	---------	--------------------	-------------------------------

None

- ☐ b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

NAME	ADDRESS
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The following questions are to be completed by every debtor that is a corporation or partnership and by any individual debtor who is or has been, within **six years** immediately preceding the commencement of this case, any of the following: an officer, director, managing executive, or owner of more than 5 percent of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership, a sole proprietor, or self-employed in a trade, profession, or other activity, either full- or part-time.

*(An individual or joint debtor should complete this portion of the statement **only** if the debtor is or has been in business, as defined above, within six years immediately preceding the commencement of this case. A debtor who has not been in business within those six years should go directly to the signature page.)*

19. Books, records and financial statements

None

- ☐ a. List all bookkeepers and accountants who within **two years** immediately preceding the filing of this bankruptcy case kept or supervised the keeping of books of account and records of the debtor.

NAME AND ADDRESS	DATES SERVICES RENDERED
------------------	-------------------------

None

- ☐ b. List all firms or individuals who within the **two years** immediately preceding the filing of this bankruptcy case have audited the books of account and records, or prepared a financial statement of the debtor.

NAME	ADDRESS	DATES SERVICES RENDERED
------	---------	-------------------------

None

- ☐ c. List all firms or individuals who at the time of the commencement of this case were in possession of the books of account and records of the debtor. If any of the books of account and records are not available, explain.

NAME	ADDRESS
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None

- ☐ d. List all financial institutions, creditors and other parties, including mercantile and trade agencies, to whom a financial statement was issued by the debtor within **two years** immediately preceding the commencement of this case.

NAME AND ADDRESS	DATE ISSUED
------------------	-------------

B7 (Official Form 7) (04/13)

7

20. Inventories

- None ☐ a. List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of each inventory, and the dollar amount and basis of each inventory.

DATE OF INVENTORY	INVENTORY SUPERVISOR	DOLLAR AMOUNT OF INVENTORY (Specify cost, market or other basis)
-------------------	----------------------	---------------------------------------------------------------------

- None ☐ b. List the name and address of the person having possession of the records of each of the inventories reported in a., above.

DATE OF INVENTORY	NAME AND ADDRESSES OF CUSTODIAN OF INVENTORY RECORDS
-------------------	---------------------------------------------------------

21. Current Partners, Officers, Directors and Shareholders

- None ☐ a. If the debtor is a partnership, list the nature and percentage of partnership interest of each member of the partnership.

NAME AND ADDRESS	NATURE OF INTEREST	PERCENTAGE OF INTEREST
------------------	--------------------	------------------------

- None ☐ b. If the debtor is a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns, controls, or holds 5 percent or more of the voting or equity securities of the corporation.

NAME AND ADDRESS	TITLE	NATURE AND PERCENTAGE OF STOCK OWNERSHIP
------------------	-------	---------------------------------------------

22. Former partners, officers, directors and shareholders

- None ☐ a. If the debtor is a partnership, list each member who withdrew from the partnership within **one year** immediately preceding the commencement of this case.

NAME	ADDRESS	DATE OF WITHDRAWAL
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- None ☐ b. If the debtor is a corporation, list all officers, or directors whose relationship with the corporation terminated within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS	TITLE	DATE OF TERMINATION
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23. Withdrawals from a partnership or distributions by a corporation

- None ☐ If the debtor is a partnership or corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during **one year** immediately preceding the commencement of this case.

NAME & ADDRESS OF RECIPIENT, RELATIONSHIP TO DEBTOR	DATE AND PURPOSE OF WITHDRAWAL	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
-----------------------------------------------------------	-----------------------------------	------------------------------------------------------------

24. Tax Consolidation Group.

- None ☐ If the debtor is a corporation, list the name and federal taxpayer identification number of the parent corporation of any consolidated group for tax purposes of which the debtor has been a member at any time within **six years** immediately preceding the commencement of the case.

NAME OF PARENT CORPORATION	TAXPAYER IDENTIFICATION NUMBER (EIN)
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B7 (Official Form 7) (04/13)

8

25. Pension Funds.

None ☐ If the debtor is not an individual, list the name and federal taxpayer-identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time within **six years** immediately preceding the commencement of the case.

NAME OF PENSION FUND

TAXPAYER IDENTIFICATION NUMBER (EIN)

* * * * *

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date May 30, 2013

Signature /s/ Andrew L Chapman
Andrew L Chapman
Debtor

Date May 30, 2013

Signature /s/ Melissa H Chapman
Melissa H Chapman
Joint Debtor

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571

United States Bankruptcy Court
Southern District of Ohio

In re **Andrew L Chapman**
Melissa H Chapman

Debtor(s)

Case No.

Chapter **7**

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

1. Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 2016(b), I certify that I am the attorney for the above-named debtor and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept	\$	1,400.00
Prior to the filing of this statement I have received	\$	1,400.00
Balance Due	\$	0.00

2. The source of the compensation paid to me was:

☒ Debtor ☐ Other (specify):

3. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify):

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d. [Other provisions as needed]

Negotiations with secured creditors to reduce to market value; exemption planning; preparation and filing of reaffirmation agreements and applications as needed; preparation and filing of motions pursuant to 11 USC 522(f)(2)(A) for avoidance of liens on household goods.

6. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

Representation of the debtors in any dischargeability actions, judicial lien avoidances, relief from stay actions or any other adversary proceeding.

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

Dated: **May 30, 2013**

/s/ David L. Williams

David L. Williams

David L. Williams

4760 Fishburg Road

Huber Heights, OH 45424

(937) 235-1418 Fax: (937) 235-2316

dwilliamsatty@aol.com

**UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF OHIO**

**NOTICE TO CONSUMER DEBTOR(S) UNDER § 342(b)
OF THE BANKRUPTCY CODE**

In accordance with § 342(b) of the Bankruptcy Code, this notice to individuals with primarily consumer debts: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case.

You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

Notices from the bankruptcy court are sent to the mailing address you list on your bankruptcy petition. In order to ensure that you receive information about events concerning your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address. If you are filing a **joint case** (a single bankruptcy case for two individuals married to each other), and each spouse lists the same mailing address on the bankruptcy petition, you and your spouse will generally receive a single copy of each notice mailed from the bankruptcy court in a jointly-addressed envelope, unless you file a statement with the court requesting that each spouse receive a separate copy of all notices.

1. Services Available from Credit Counseling Agencies

With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis. The briefing must be given within 180 days **before** the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies. Each debtor in a joint case must complete the briefing.

In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge. The clerk also has a list of approved financial management instructional courses. Each debtor in a joint case must complete the course.

2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors

Chapter 7: Liquidation (\$245 filing fee, \$46 administrative fee, \$15 trustee surcharge: Total Fee \$306)

Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a "means test" designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, the United States trustee (or bankruptcy administrator), the trustee, or creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.

Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.

The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

Chapter 13: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$46 administrative fee: Total fee \$281)

Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over

a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

Chapter 11: Reorganization (\$1,167 filing fee, \$46 administrative fee: Total fee \$1,213)

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$46 administrative fee: Total fee \$246)

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

WARNING: Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court. The documents and the deadlines for filing them are listed on Form B200, which is posted at http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

B 201B (Form 201B) (12/09)

United States Bankruptcy Court
Southern District of Ohio

In re **Andrew L Chapman**
Melissa H Chapman

Debtor(s)

Case No.

Chapter

7

CERTIFICATION OF NOTICE TO CONSUMER DEBTOR(S)
UNDER § 342(b) OF THE BANKRUPTCY CODE

Certification of Debtor

I (We), the debtor(s), affirm that I (we) have received and read the attached notice, as required by § 342(b) of the Bankruptcy Code.

Andrew L Chapman
Melissa H Chapman

Printed Name(s) of Debtor(s)

X **/s/ Andrew L Chapman**

Signature of Debtor

May 30, 2013

Date

Case No. (if known)

X **/s/ Melissa H Chapman**

Signature of Joint Debtor (if any)

May 30, 2013

Date

Instructions: Attach a copy of Form B 201 A, Notice to Consumer Debtor(s) Under § 342(b) of the Bankruptcy Code.

Use this form to certify that the debtor has received the notice required by 11 U.S.C. § 342(b) **only** if the certification has **NOT** been made on the Voluntary Petition, Official Form B1. Exhibit B on page 2 of Form B1 contains a certification by the debtor's attorney that the attorney has given the notice to the debtor. The Declarations made by debtors and bankruptcy petition preparers on page 3 of Form B1 also include this certification.

ABC Recovery
P.O. Box 2548
Cincinnati, OH 45201

Account Recovery
P.O. Box 2548
Cincinnati, OH 45201

Account Recovery Consultants, Inc.
P. O. Box 341
Dayton, OH 45409

ACS/CLCRUST
501 Bleeker St.
Utica, NY 13501

ACS/College Loan Corp
501 Bleecker St.
Utica, NY 13501-2401

ACS/College Loan Corp
501 Bleecker St.
Utica, NY 13501-2401

ACS/College Loan Corp
501 Bleecker St.
Utica, NY 13501-2401

ACT
P.O. Box 8012
Dept. 1546305-NTC2
Canoga Park, CA 91309

Acute Care Consultants
33 W. Rahn Rd.
Dayton, OH 45429

Advanced Dermatology
2600 Lake Lucien Dr., #180
Maitland, FL 32751

Advanced Dermatology
8940 Kingsridge Dr., #104
Dayton, OH 45458

Advanced Dermatology
2361 Lakeview Dr.
Dayton, OH 45431

AFNI, Inc.
P.O. Box 3427
Bloomington, IL 61702

Alexandria Vaneck Co., LPA
5660 Southwyck Blvd. #110
Toledo, OH 43614

Alexandria Vaneck Co., LPA
5660 Southwyck Blvd. #110
Toledo, OH 43614

Alliance One
6565 Kimball Dr., #200
Gig Harbor, WA 98335

Allied Interstate LLC
P.O. Box 361774
Columbus, OH 43236

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P.O. Box 361774
Columbus, OH 43236

Allied Interstate LLC
P.O. Box 361774
Columbus, OH 43236

AMCA
P.O. Box 1235
Elmsford, NY 10523

American Family Insurance
P.O. Box 1603
Saint Joseph, MO 64502

American Medical Collection Agency
P.O. Box 1235
Elmsford, NY 10523

American Medical Collection Agency
P.O. Box 1235
Elmsford, NY 10523

Americredit
P.O. Box 181145
Arlington, TX 76096

AMO Recoveries
6737 W. Washington St., #3118
Milwaukee, WI 53214

Anesthesiology Services Network, LTD
P.O. Box 632317
Cincinnati, OH 45263

Apex Financial Management
P.O. Box 2219
Northbrook, IL 60065

API Southwest Cardiology
P.O. Box 711808
Columbus, OH 43271

ARC
P.O. Box 42220
Cincinnati, OH 45242

ARC Inc.
POB 341
Dayton, OH 45409

Asset Acceptance
P.O. Box 2036
Warren, MI 48090-2036

Asset Acceptance
P.O. Box 2036
Warren, MI 48090-2036

AT&T
P.O. Box 181929
Dallas, TX 75218

AT&T Yellow Pages
P.O. Box 18129
Dallas, TX 75218

Bank of America
100 N. Tryon St.
Charlotte, NC 28255

Bank of America
P.O. Box 982235
El Paso, TX 79998

Bank of America
P.O. Box 982235
El Paso, TX 79998

Beckley Billing Center
1 Pavilion Dr.

Beckley Billing Center
1 Pavilion Dr.

Berlin Wheeler, Inc.
2942 SW Wanamaker Dr., #2
Topeka, KS 66614

BK Com Adair
P. O. Box 1890
Catoosa, OK 74015

Bobbie Rauch

Bullcity Financial SOL
1107 W. Main St., #201
Durham, NC 27701

Bullcity Financial SOL
1107 W. Main St., #201
Durham, NC 27701

BYL Collection Services, LLC
301 Lacy St.
West Chester, PA 19382

C.C.S. Payment Processing Center
P.O Box 55126
Boston, MA 02205

Canyon State Prof. Services
P.O. Box 39341
Phoenix, AZ 85021

Cap One
P.O. Box 85520
Richmond, VA 23285

Cap One
P.O. Box 85520
Richmond, VA 23285

Capital One
P.O. Box 5253
Carol Stream, IL 60197

Capital One Bank
P.O. Box 71083
Charlotte, NC 28272

Capital One Bank USA
P.O. Box 85015
Richmond, VA 23285

Captial Management Services
726 Exchange St., #700
Buffalo, NY 14210

Captial Management Services
726 Exchange St., #700
Buffalo, NY 14210

Captial Management Services
726 Exchange St., #700
Buffalo, NY 14210

Car Connection, Inc.
4425 Dixie Highway
Fairfield, OH 45014

Cardworks Servicing
P.O. Box 9201
Old Bethpage, NY 11804

CBCS/Kettering Health
P.O. Box 163279
Columbus, OH 43216

CBCS/Kettering Health
P.O. Box 16379
Columbus, OH 43216

CBCS/Kettering Health
P.O. Box 16379
Columbus, OH 43216

CBCS/Kettering Health
P.O. Box 16379
Columbus, OH 43216

CBCS/Kettering Health
P.O. Box 16379
Columbus, OH 43216

CBCS/Kettering Health
P.O. Box 16379
Columbus, OH 43216

CBE Group
1309 Technology Pkwy
Cedar Falls, IA 50613

CCR Services
P.O. Box 32299
Columbus, OH 43232

CCS/Cortrust Bank
500 E. 60th St., N
Sioux Falls, SD 57104

CCS/First National Bank
500 E. 60th St., N
Sioux Falls, SD 57104

Central State Recovery
1314 N. Main St.
Hutchinson, KS 67501

Chase
P.O. Box 15298
Wilmington, DE 19850

Chase
P.O. Box 15298
Wilmington, DE 19850

Chase
P.O. Box 15298
Wilmington, DE 19850

Chase Auto Financial
PO Box 901076
Fort Worth, TX 76101

Chase Bank USA, NA
P.O. Box 15298
Wilmington, DE 19850

Children's Emergency Services, Inc.
P.O. Box 751084
Dayton, OH 45475

Cincinnati Bell
P.O. Box 748003
Cincinnati, OH 45274

Citifinancial
3950 Regent Blvd.
Irving, TX 75063

Citifinancial
605 Munn Road
Fort Mill, SC 29715

Citifinancial Retail Services
P.O. Box 80921
Charlotte, NC 28272

City of Mesa Utilities
55 North Center St.
Mesa, AZ 85201

Client Services
3451 Harry Truman Blvd.

Coast to Coast Financial
P.O. Box 2086
Thousand Oaks, CA 91358

Cohen McNeile & Pappas
4601 College Blvd. #200
Leawood, KS 66211

Comcare
P.O. Box 2120
Salina, KS 67402

Comenity Bank
P.O. Box 182789
Columbus, OH 43218

Community Foot Care
202 S. Belmont Ave.
Springfield, OH 45505

Compunet Clinical Laboratories
P.O. Box 714133
Cincinnati, OH 45271

Compunet Clinical Laboratories
P.O. Box 714133
Cincinnati, OH 45271

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P.O. Box 714133
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P.O. Box 714133
Cincinnati, OH 45271

Compunet Clinical Laboratories
P.O. Box 714133
Cincinnati, OH 45271

Computer Collections, Inc.
P.O. Box 5238
Winston Salem, NC 27113

Computer Collections, Inc.
P.O. Box 5238
Winston Salem, NC 27113

Credit Coll
P.O. Box 9134
Needham Heights, MA 02494

Credit Control, LLC
P.O. Box 248
Hazelwood, MO 63042

Credit Protection Association
13355 Noel Rd.
Ste. 2100
Dallas, TX 75240

Cytology Assoc. of Dayton
P.O. Box 73382
Cleveland, OH 44193

Dayton Children's
436 Valley St.
Dayton, OH 45404

Dayton Children's
436 Valley St.
Dayton, OH 45404

Dayton Children's
436 Valley St.
Dayton, OH 45404

Dayton OB-GYN
220 N. Main St.
Dayton, OH 45459

DBA Collections
P.O. Box 563
Dayton, OH 45409

DBA Collections
P.O. Box 563
Dayton, OH 45409

Devore Ent.
8371 Yankee St.
Dayton, OH 45458

Dish Network
Dept. 0063
Palatine, IL

Donald Coover
300 Crest Hill Ave.
Vandalia, OH 45377

Donna Pfarrer-Coover
300 Crest Hill CW.
Vandalia, OH 45377

DP&L
P.O. Box 740598
Cincinnati, OH 45274-0598

Drayer Physical Therapy Institute
8073 Washington Village Dr., #110
Dayton, OH 45458

Duke Energy
P.O. Box 960
Cincinnati, OH 45201

ECMC
1 Imation Pl.
Saint Paul, MN 55128

ECMC
1 Imation Pl.
Saint Paul, MN 55128

ECMC
1 Imation Pl.
Saint Paul, MN 55128

ECMC
1 Imation Pl.
Saint Paul, MN 55128

ECMC
1 Imation Pl.
Saint Paul, MN 55128

ECMC
1 Imation Pl.
Saint Paul, MN 55128

Emergency Medicine Specialist
P.O. Box 145406
Cincinnati, OH 45250

Emergency Medicine Specialist
P.O. Box 145406
Cincinnati, OH 45250

Encore
P.O. Box 47248
Oak Park, MI 48237

Enhanced Recovery Co.
8014 Bayberry Rd.
Jacksonville, FL 32256

Fair Cap Rec
7745 Kemper Rd.
Cincinnati, OH 45249

Fidelity Health Care
3832 Kettering Blvd.
Dayton, OH 45439

Fifth Third Bank
38 Fountain Square Plaza
MD 109064
Cincinnati, OH 45263-0001

Fifth Third Bank
1 S. Main St., Suite 902
MD 109064
Dayton, OH 45402

Finlay, Johnson & Beard, Ltd.
260 N. Detroit St.
Xenia, OH 45385

First Bank Kansas
107 S. Center
P.O. Box 305
Assaria, KS 67416

First Credity Union

First Federal Credit Control
P.O. Box 20790
Columbus, OH 43220

First Federal Credit Control
P.O. Box 20790
Columbus, OH 43220

First Federal Credit Control
P.O. Box 20790
Columbus, OH 43220

First National Collection Bureau, Inc.
610 Waltham Way
Sparks, NV 89434

First Premier Bank
601 S. Minnesota Ave.
Sioux Falls, SD 57104

First USA, NA
P.O. Box 15298
Wilmington, DE 19850

Firstday FCU
P.O. Box 407
Dayton, OH 45405

Firstsource Advantage, LLC
205 Bryant Woods
Buffalo, NY 14226

Fist Bank of DE/Contine
1000 Rock Run Parkway
Wilmington, DE 19801

FMS Investment Group
P.O. Box 561
Fort Mill, SC 29716

FMS, Inc.
P.O. Box 707601
Tulsa, OK 74170

FNCC
500 East 60th St., N
Sioux Falls, SD 57104

Franklin Collection Service, Inc.
P.O. Box 3910
Tupelo, MS 38803

Freedom Road Financial
10605 Double Blvd. #100
Reno, NV 89521

FST Premier
3820 N. Louise Ave.
Sioux Falls, SD 57107

Fulton Friedman & Gullace, LLP
P.O. Box 2123
Warren, MI 48090

GAIC
P.O. Box 205076
Nashville, TN 37230

GC Services Limited Partnership
6330 Gulton
Houston, TX 77081

GE Money Bank
P.O. Box 981127
El Paso, TX 79998

GECRB/GE Capital Card
P.O. Box 981439
El Paso, TX 79998

GECRB/Lowes
P.O. Box 965005
Orlando, FL 32896

GECRB/ShopNBC PLCC
P.O. Box 965005
Orlando, FL 32896

GECRB/Thomasville
P.O. Box 981439
El Paso, TX 79998

GECRB/Walmart DC
P.O. Box 965024
Orlando, FL 32896

GECRB/Whitehall
P.O. Box 981439
El Paso, TX 79998

GECRB/WLMRTD
P.O. Box 965024
Orlando, FL 32896

GM Financial
P.O. Box 183834
Arlington, TX 76096

GMFinancial
P.O. Box 181145
Arlington, TX 76096

Greater Dayton Surgery Center
P.O. Box 73936
Cleveland, OH 44193

Greene County Sanitary Engineering Dept.
667 Dayton Xenia Rd.
Xenia, OH 45385

Guardian Finance
2495 Hilliard Rome Rd.
Hilliard, OH 43026

HC Processing Center
P.O. Box 829
Springdale, AR 72765

HCCREDIT/CIT
P.O. Box 829
Springdale, AR 72765

HCCREDIT/CIT
P.O. Box 829
Springdale, AR 72765

HRRG
P.O. Box 5406
Cincinnati, OH 45273

HRRG
P.O. Box 5406
Cincinnati, OH 45273

HSBC Bank
P.O. Box 5253
Carol Stream, IL 60197

HSBC Bank
P.O. Box 5253
Carol Stream, IL 60197

HSBC Bank
P.O. Box 5253
Carol Stream, IL 60197

HSBC Bank
P.O. Box 5253
Carol Stream, IL 60197

Human ARC
1457 East 40th St.
Cleveland, OH 44103

Humana C/O Rawlings Financial Services
P.O. Box 2020
La Grange, KY 40031

I.C. Systems, Inc.
444 Highway 96 East
Saint Paul, MN 55164

I.C. Systems, Inc.
444 Highway 96 East
Saint Paul, MN 55164

ICUL Service Corp.
1807 W. Diehl Rd.
Naperville, IL 60566

Integrity Financial Partners, Inc.
P.O. Box 11530
Overland Park, KS 66207

J.L. Walston & Assoc.
1107 W. Main St., #201
Durham, NC 27701

J.P. Recovery Services, Inc.
P.O. Box 16749
Rocky River, OH 44116

J.P. Recovery Services, Inc.
P.O. Box 16749
Rocky River, OH 44116

Javitch, Block & Rathbone
1100 Superior Ave., 19th Floor
Cleveland, OH 44114

John G. Neal
P.O. Box 369
Powell, OH 43065

Kettering Anesthesia Associates, Inc.
P.O. Box 713089
Columbus, OH 43271

Kettering Health Network
P.O. Box 182041
Columbus, OH 43218

Kettering Network Radiologists
P.O. Box 182255
Columbus, OH 43218-2255

Kettering Physician Network
P.O. Box 182202
Columbus, OH 43218

Kettering Physician Network
P.O. Box 182202
Columbus, OH 43218

Lakeside Recreational Park

Latitude Subrogation Services
1760 S. Telegraph Rd.
Bloomfield Hills, MI 48302

Lebanon Citizens National Bank
2 N. Broadway St.
Lebanon, OH 45036

Litton Loan Servicing
4828 Loop Central Dr.
Houston, TX 77081

Long Beach Acceptance
500 N. State College Blvd.
Orange, CA 92868

Lowes
P.O. Box 530914
Atlanta, GA 30353

LTD Financial Services
7322 Southwest Frwy., Suite 1600
Houston, TX 77074

LVNV Funding LLC
P.O. Box 10497
Greenville, SC 29603

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P.O. Box 10497
Greenville, SC 29603

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P.O. Box 10497
Greenville, SC 29603

LVNV Funding LLC
P.O. Box 10497
Greenville, SC 29603

LVNV Funding LLC
P.O. Box 740281
Houston, TX 77242

LVNV Funding LLC
P.O. Box 740281
Houston, TX 77242

LVNV Funding LLC
P.O. Box 740281
Houston, TX 77242

Macy's
P.O. Box 6938
The Lakes, NV 88901

Mark Bogen
41 N. Broadway St.
Lebanon, OH 45036

Markone Financial
7601 Centurion Pkwy
Jacksonville, FL 32256

Mathis Broth
3434 W. Reno
Oklahoma City, OK 73137

Mathmania
P.O. Box 4002862
Des Moines, IA 50340

MCYDSNB
9111 Duke Blvd.
Mason, OH 45040

MCYDSNB
9111 Duke Blvd.
Mason, OH 45040

Merrick Bank
P.O. Box 9201
Old Bethpage, NY 11804

Miami Valley Emergency Specialists
2950 Robertson Ave., #200
Cincinnati, OH 45209

Miami Valley Emergency Specialists
P.O. Box 951426
Cleveland, OH 44193

Miami Valley Hospital
Premier Health Partners
P.O. Box 713072
Columbus, OH 43271-3072

Miami Valley Hospital
Premier Health Partners
P.O. Box 713072
Columbus, OH 43271-3072

Miami Valley Hospital
Premier Health Partners
P.O. Box 713072
Columbus, OH 43271-3072

Miami Valley Hospital
P.O. Box 713072
Columbus, OH 43271

Midland Credit Management
P.O. Box 60578
Los Angeles, CA 90060

Midland Credit Management, Inc.
P.O. Box 60578
Los Angeles, CA 90060

Midland Funding
8875 Aero Dr.
Ste. 200
San Diego, CA 92123

Midland Funding
8875 Aero Dr.
Ste. 200
San Diego, CA 92123

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Ste. 200
San Diego, CA 92123

Midland Funding
8875 Aero Dr.
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San Diego, CA 92123

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8875 Aero Dr.
Ste. 200
San Diego, CA 92123

Miracle Financial
P.O. Box 505
Linden, MI 48451

Monarch Recovery Management, Inc.
10965 Decatur Rd.
Philadelphia, PA 19154

MRS Associates
1930 Olney Ave.
Cherry Hill, NJ 08003

National Credit Adjusters
P.O. Box 3023
Hutchinson, KS 67504

NCO Fin Serv/Nationwide Insurance
P.O. Box 15636
Wilmington, DE 19850

NCO Fin Serv/Nationwide Insurance
P.O. Box 15636
Wilmington, DE 19850

NCO Fin Serv/Nationwide Insurance
P.O. Box 15636
Wilmington, DE 19850

NCO Fin Serv/Nationwide Insurance
P.O. Box 15636
Wilmington, DE 19850

NCO Financial Services
P.O. Box 15740
Wilmington, DE 19850

NCO Financial Services
P.O. Box 15740
Wilmington, DE 19850

NCO Financial Systems
P.O. Box 15372
Wilmington, DE 19850

Northland Group Inc.
P.O. Box 390846
Minneapolis, MN 55439

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P.O. Box 390846
Minneapolis, MN 55439

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Minneapolis, MN 55439

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Minneapolis, MN 55439

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P.O. Box 390846
Minneapolis, MN 55439

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P.O. Box 390846
Minneapolis, MN 55439

Nowcom Auto Express
5497 Dixie Hwy.
Fairfield, OH 45014

Oak Creek OB/GYN, Inc.
6438 Wilmintgon Pike, #300
Dayton, OH 45459

Ohio Dept. of Human Services
500 Justice Dr.
Lebanon, OH 45036

Owners Insurance Company
P.O. Box 26257
Columbus, OH 43226

Palisades Collection, LLC
P.O. Box 1244
Englewood Cliffs, NJ 07632

PCB
P.O. Box 29917
Columbus, OH 43229

PCB
P.O. Box 29917
Columbus, OH 43229

PCB
5500 New Albany Rd.
New Albany, OH 43054

PCI
P.O. Box 1619
Saint Cloud, MN 56302

Peak 5
6782 S. Potomac St.
Englewood, CO 80112

Pediatric Associates of Dayton, Inc.
9000 N. Main St.
Dayton, OH 45415

Pediatric Prod DBA Express NEBS
10679 McSwain Dr.
Cincinnati, OH 45241

Pediatric Prod DBA Express NEBS
10679 McSwain Dr.
Cincinnati, OH 45241

Pediatric Medical Group
P.O. Box 88087
Chicago, IL 60680

Pinnacle Credit Service
7900 Highway 7, #100
Minneapolis, MN 55426

Portfolio Recovery
P.O. Box 12914
Norfolk, VA 23541

Portfolio Recovery
P.O. Box 12914
Norfolk, VA 23541

Portfolio Recovery
P.O. Box 12914
Norfolk, VA 23541

Preferred Credit, Inc.
3051 2nd St., S., Ste. 200
Saint Cloud, MN 56301

Prof. Bureau of Collections of Maryland
P.O. Box 4157
Englewood, CO 80155

Progressive Financial Services
P.O. Box 22083
Tempe, AZ 85285

Pulmonary Critical Care
1520 S. Main St., #2
Dayton, OH 45409

Receivables Performance
20816 44th W. W
Lynnwood, WA 98036

Regional Pathology Services
P.O. Box 71084
Columbus, OH 43271

Reliant Capital Solutions, KKC
P.O. Box 30469
Columbus, OH 43230

Revenue Group
3700 Park East Dr. Ste. 24
Beachwood, OH 44122

Richard J. Boudreau & Assoc., Inc.
6 Manor Parkway
Salem, FL 33079

Richard Kaplow
614 Superior Ave., N.W.
Cleveland, OH 44113

River Collection & Recovery Service, Inc
P.O. Box 992
Elk River, MN 55330

RJM Acquisition, LLC
575 Underhill Blvd., #224
Syosset, NY 11791

RJM Acquisition, LLC
575 Underhill Blvd., #224
Syosset, NY 11791

RJM Acquisition, LLC
575 Underhill Blvd., #224
Syosset, NY 11791

Robert Matejczyk & Ita Co., LPA
5045 Park Ave. West
Seville, OH 44273

RPM
20816 44th Ave., West
Lynnwood, WA 98036

Rumpke
P.O. Box 538701
Cincinnati, OH 45253

Salina Clinic
501 S. Santa Fe, Ste. 100
Salina, KS 67401

Salina Family Healthcare Center
P.O. Box 15372
Salina, KS 67402

Salina Family Healthcare Center
P.O. Box 15372
Salina, KS 67402

Salina Pediatric Care
520 S. Santa Fe, Ste. 120
Salina, KS 67401

Salina Pediatric Care
520 S. Santa Fe, Ste. 120
Salina, KS 67401

Salina Regional Health Center
P.O. Box 1333
Salina, KS 67402

Scheer, Green & Burke, Co.
P.O. Box 1335
Toledo, OH 43603

Scheer, Green & Burke, Co.
P.O. Box 1335
Toledo, OH 43603

Sears/CBNA
P.O. Box 6282
Sioux Falls, SD 57117

Sears/CBNA
701 East 60th St. N
Sioux Falls, SD 57117

SKO Brenner American
P.O. Box 230
Farmingdale, NY 11735

South Dayton Acute Care
P.O. Box 713174
Columbus, OH 43271

Southwest Cardiology, Inc.
P.O. Box 706203
Cincinnati, OH 45270

Southwest Credit Systems
4120 International Parkway
Carrollton, TX 75007

Springleaf Financial
P.O. Box 3251
Evansville, IN 47731

Springleaf Financial
P.O. Box 3251
Evansville, IN 47731

Springleaf Financial
P.O. Box 3251
Evansville, IN 47731

SST/First CU
4315 Pickett Rd.
Saint Joseph, MO 64503

Stephens & Michael Assoc., Inc.
P.O. Box 109
Salem, NH 03079

Sure Check Brokerage
P.O. Box 1906
Salina, KS 67402

Suresh Gupta, M.D., Inc.
P.O. Box 31709
Dayton, OH 45437

Target National Bank
P.O. Box 59317
Minneapolis, MN 55459

Tate & Kirlin Assoc.
2810 Southampton Rd.
Philadelphia, PA 19154

Tate & Kirlin Assoc.
2810 Southampton Rd.
Philadelphia, PA 19154

Tekcollect
P.O. Box 1269
Columbus, OH 43216

Time Warner Cable
P.O. Box 1060
Carol Stream, IL 60132

TNB/Target
P.O. Box 673
Minneapolis, MN 55440

TNC Behavioral Services
452 W. Market St.
Xenia, OH 45385

Torres Credit Service
27 Fairview St., #301
Carlisle, PA 17015

Tract/CBNA
P.O. Box 6497
Sioux Falls, SD 57117

Transworld Systems, Inc.
3077 Kettering Blvd., #209
Dayton, OH 45439

Transworld Systems, Inc.
3077 Kettering Blvd., #209
Dayton, OH 45439

Transworld Systems, Inc.
3077 Kettering Blvd., #209
Dayton, OH 45439

Transworld Systems, Inc.
3077 Kettering Blvd., #209
Dayton, OH 45439

Trident Asset Management
5755 Northpoint Plwy, Ste.
Alpharetta, GA 30022

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Alpharetta, GA 30022

Trident Asset Management
5755 Northpoint Plwy, Ste.
Alpharetta, GA 30022

U.S. Dept. of Education
P.O. Box 5609
Greenville, TX 75403

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P.O. Box 5609
Greenville, TX 75403

U.S. Dept. of Education
P.O. Box 5609
Greenville, TX 75403

U.S. Dept. of Education
P.O. Box 5609
Greenville, TX 75403

Unique National Collection
119 E. Maple St.
Jeffersonville, IN 47130

Unique National Collection
119 E. Maple St.
Jeffersonville, IN 47130

Unique National Collection
119 E. Maple St.
Jeffersonville, IN 47130

United Collection Bureau
5620 Southwyck Blvd.
Toledo, OH 43614

United Collection Bureau
5620 Southwyck Blvd.
Toledo, OH 43614

United Recovery Systems
5800 North Course Drive
Houston, TX 77072

Universal One Credit Union
1 River Park Dr.
Dayton, OH 45409

Universal One Credit Union
1 River Park Dr.
Dayton, OH 45409

Universal One Credit Union
1 River Park Dr.
Dayton, OH 45409

Universal One Credit Union
1 River Park Dr.
Dayton, OH 45409

Universal One Credit Union
1 River Park Dr.
Dayton, OH 45409

University of Phoenix
4615 E. Elwood St., Fl. 3
Phoenix, AZ 85040

US Bank
P.O. Box 5227
Cincinnati, OH 45202

US Bank
P.O. Box 5227
Cincinnati, OH 45202

Van RU Credit Corp.
1350 E. Touhy Ave., #100 E
Des Plaines, IL 60018

Vectren
P.O. Box 6262
Indianapolis, IN 46206

Vengroff, Williams & Assoc., Inc.
P.O. Box 4155
Sarasota, FL 34230

Verizon Wireless
P.O. Box 660108
Dallas, TX 75266

Walmart
P.O. Box 530927
Atlanta, GA 30353

Welch Community Hospital
454 McDowell St.
Welch, WV 24801

Weltman, Weinberg & Reis
P.O. Box 93596
Cleveland, OH 44101

West Lake Financial Services
P.O. Box 54807
Los Angeles, CA 90054

Xpress NEB
10679 McSwain Dr.
Cincinnati, OH 45241

Zenith Acquisition Group
P.O. Box 85
Buffalo, NY 14226

B22A (Official Form 22A) (Chapter 7) (04/13)

In re **Andrew L Chapman**
Melissa H Chapman
 Debtor(s)

Case Number: _____
 (If known)

According to the information required to be entered on this statement
 (check one box as directed in Part I, III, or VI of this statement):

- ☐ The presumption arises.
- ☒ The presumption does not arise.
- ☐ The presumption is temporarily inapplicable.

CHAPTER 7 STATEMENT OF CURRENT MONTHLY INCOME AND MEANS-TEST CALCULATION

In addition to Schedules I and J, this statement must be completed by every individual chapter 7 debtor. If none of the exclusions in Part I applies, joint debtors may complete one statement only. If any of the exclusions in Part I applies, joint debtors should complete separate statements if they believe this is required by § 707(b)(2)(C).

Part I. MILITARY AND NON-CONSUMER DEBTORS

1A	<p>Disabled Veterans. If you are a disabled veteran described in the Declaration in this Part IA, (1) check the box at the beginning of the Declaration, (2) check the box for "The presumption does not arise" at the top of this statement, and (3) complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.</p> <p><input type="checkbox"/> Declaration of Disabled Veteran. By checking this box, I declare under penalty of perjury that I am a disabled veteran (as defined in 38 U.S.C. § 3741(1)) whose indebtedness occurred primarily during a period in which I was on active duty (as defined in 10 U.S.C. § 101(d)(1)) or while I was performing a homeland defense activity (as defined in 32 U.S.C. § 901(1)).</p>
1B	<p>Non-consumer Debtors. If your debts are not primarily consumer debts, check the box below and complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.</p> <p><input type="checkbox"/> Declaration of non-consumer debts. By checking this box, I declare that my debts are not primarily consumer debts.</p>
1C	<p>Reservists and National Guard Members; active duty or homeland defense activity. Members of a reserve component of the Armed Forces and members of the National Guard who were called to active duty (as defined in 10 U.S.C. § 101(d)(1)) after September 11, 2001, for a period of at least 90 days, or who have performed homeland defense activity (as defined in 32 U.S.C. § 901(1)) for a period of at least 90 days, are excluded from all forms of means testing during the time of active duty or homeland defense activity and for 540 days thereafter (the "exclusion period"). If you qualify for this temporary exclusion, (1) check the appropriate boxes and complete any required information in the Declaration of Reservists and National Guard Members below, (2) check the box for "The presumption is temporarily inapplicable" at the top of this statement, and (3) complete the verification in Part VIII. During your exclusion period you are not required to complete the balance of this form, but you must complete the form no later than 14 days after the date on which your exclusion period ends, unless the time for filing a motion raising the means test presumption expires in your case before your exclusion period ends.</p> <p><input type="checkbox"/> Declaration of Reservists and National Guard Members. By checking this box and making the appropriate entries below, I declare that I am eligible for a temporary exclusion from means testing because, as a member of a reserve component of the Armed Forces or the National Guard</p> <div style="margin-left: 40px;"> <p>a. <input type="checkbox"/> I was called to active duty after September 11, 2001, for a period of at least 90 days and</p> <div style="margin-left: 20px;"> <input type="checkbox"/> I remain on active duty /or/ <input type="checkbox"/> I was released from active duty on _____, which is less than 540 days before this bankruptcy case was filed; </div> <p style="text-align: center;">OR</p> <p>b. <input type="checkbox"/> I am performing homeland defense activity for a period of at least 90 days /or/ <input type="checkbox"/> I performed homeland defense activity for a period of at least 90 days, terminating on _____, which is less than 540 days before this bankruptcy case was filed.</p> </div>

Part II. CALCULATION OF MONTHLY INCOME FOR § 707(b)(7) EXCLUSION

2	Marital/filing status. Check the box that applies and complete the balance of this part of this statement as directed.	a. <input type="checkbox"/> Unmarried. Complete only Column A ("Debtor's Income") for Lines 3-11. b. <input type="checkbox"/> Married, not filing jointly, with declaration of separate households. By checking this box, debtor declares under penalty of perjury: "My spouse and I are legally separated under applicable non-bankruptcy law or my spouse and I are living apart other than for the purpose of evading the requirements of § 707(b)(2)(A) of the Bankruptcy Code." Complete only column A ("Debtor's Income") for Lines 3-11. c. <input type="checkbox"/> Married, not filing jointly, without the declaration of separate households set out in Line 2.b above. Complete both Column A ("Debtor's Income") and Column B ("Spouse's Income") for Lines 3-11. d. <input checked="" type="checkbox"/> Married, filing jointly. Complete both Column A ("Debtor's Income") and Column B ("Spouse's Income") for Lines 3-11.																	
	All figures must reflect average monthly income received from all sources, derived during the six calendar months prior to filing the bankruptcy case, ending on the last day of the month before the filing. If the amount of monthly income varied during the six months, you must divide the six-month total by six, and enter the result on the appropriate line.	Column A	Column B																
3	Gross wages, salary, tips, bonuses, overtime, commissions.	\$ 0.00		\$ 0.00															
4	Income from the operation of a business, profession or farm. Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 4. If you operate more than one business, profession or farm, enter aggregate numbers and provide details on an attachment. Do not enter a number less than zero. Do not include any part of the business expenses entered on Line b as a deduction in Part V.																		
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;"></th> <th style="width: 30%;"></th> <th style="width: 10%; text-align: center;">Debtor</th> <th style="width: 10%; text-align: center;">Spouse</th> </tr> </thead> <tbody> <tr> <td>a.</td> <td>Gross receipts</td> <td style="text-align: right;">\$ 0.00</td> <td style="text-align: right;">\$ 0.00</td> </tr> <tr> <td>b.</td> <td>Ordinary and necessary business expenses</td> <td style="text-align: right;">\$ 0.00</td> <td style="text-align: right;">\$ 0.00</td> </tr> <tr> <td>c.</td> <td>Business income</td> <td colspan="2">Subtract Line b from Line a</td> </tr> </tbody> </table>			Debtor	Spouse	a.	Gross receipts	\$ 0.00	\$ 0.00	b.	Ordinary and necessary business expenses	\$ 0.00	\$ 0.00	c.	Business income	Subtract Line b from Line a		\$ 0.00	\$ 0.00
		Debtor	Spouse																
a.	Gross receipts	\$ 0.00	\$ 0.00																
b.	Ordinary and necessary business expenses	\$ 0.00	\$ 0.00																
c.	Business income	Subtract Line b from Line a																	
5	Rent and other real property income. Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 5. Do not enter a number less than zero. Do not include any part of the operating expenses entered on Line b as a deduction in Part V.																		
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;"></th> <th style="width: 30%;"></th> <th style="width: 10%; text-align: center;">Debtor</th> <th style="width: 10%; text-align: center;">Spouse</th> </tr> </thead> <tbody> <tr> <td>a.</td> <td>Gross receipts</td> <td style="text-align: right;">\$ 0.00</td> <td style="text-align: right;">\$ 0.00</td> </tr> <tr> <td>b.</td> <td>Ordinary and necessary operating expenses</td> <td style="text-align: right;">\$ 0.00</td> <td style="text-align: right;">\$ 0.00</td> </tr> <tr> <td>c.</td> <td>Rent and other real property income</td> <td colspan="2">Subtract Line b from Line a</td> </tr> </tbody> </table>			Debtor	Spouse	a.	Gross receipts	\$ 0.00	\$ 0.00	b.	Ordinary and necessary operating expenses	\$ 0.00	\$ 0.00	c.	Rent and other real property income	Subtract Line b from Line a		\$ 0.00	\$ 0.00
		Debtor	Spouse																
a.	Gross receipts	\$ 0.00	\$ 0.00																
b.	Ordinary and necessary operating expenses	\$ 0.00	\$ 0.00																
c.	Rent and other real property income	Subtract Line b from Line a																	
6	Interest, dividends, and royalties.	\$ 0.00		\$ 0.00															
7	Pension and retirement income.	\$ 0.00		\$ 0.00															
8	Any amounts paid by another person or entity, on a regular basis, for the household expenses of the debtor or the debtor's dependents, including child support paid for that purpose. Do not include alimony or separate maintenance payments or amounts paid by your spouse if Column B is completed. Each regular payment should be reported in only one column; if a payment is listed in Column A, do not report that payment in Column B.	\$ 0.00		\$ 0.00															
9	Unemployment compensation. Enter the amount in the appropriate column(s) of Line 9. However, if you contend that unemployment compensation received by you or your spouse was a benefit under the Social Security Act, do not list the amount of such compensation in Column A or B, but instead state the amount in the space below:																		
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Unemployment compensation claimed to be a benefit under the Social Security Act</td> <td style="width: 10%; text-align: right;">Debtor \$ 0.00</td> <td style="width: 10%; text-align: right;">Spouse \$ 0.00</td> </tr> </table>	Unemployment compensation claimed to be a benefit under the Social Security Act	Debtor \$ 0.00	Spouse \$ 0.00	\$ 0.00	\$ 0.00													
Unemployment compensation claimed to be a benefit under the Social Security Act	Debtor \$ 0.00	Spouse \$ 0.00																	
10	Income from all other sources. Specify source and amount. If necessary, list additional sources on a separate page. Do not include alimony or separate maintenance payments paid by your spouse if Column B is completed, but include all other payments of alimony or separate maintenance. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, crime against humanity, or as a victim of international or domestic terrorism.																		
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;"></th> <th style="width: 30%;"></th> <th style="width: 10%; text-align: center;">Debtor</th> <th style="width: 10%; text-align: center;">Spouse</th> </tr> </thead> <tbody> <tr> <td>a.</td> <td></td> <td style="text-align: right;">\$</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>b.</td> <td></td> <td style="text-align: right;">\$</td> <td style="text-align: right;">\$</td> </tr> </tbody> </table>			Debtor	Spouse	a.		\$	\$	b.		\$	\$	\$ 0.00	\$ 0.00				
		Debtor	Spouse																
a.		\$	\$																
b.		\$	\$																
11	Subtotal of Current Monthly Income for § 707(b)(7). Add Lines 3 thru 10 in Column A, and, if Column B is completed, add Lines 3 through 10 in Column B. Enter the total(s).	\$ 0.00		\$ 0.00															

12	Total Current Monthly Income for § 707(b)(7). If Column B has been completed, add Line 11, Column A to Line 11, Column B, and enter the total. If Column B has not been completed, enter the amount from Line 11, Column A.	\$ 0.00
Part III. APPLICATION OF § 707(b)(7) EXCLUSION		
13	Annualized Current Monthly Income for § 707(b)(7). Multiply the amount from Line 12 by the number 12 and enter the result.	\$ 0.00
14	Applicable median family income. Enter the median family income for the applicable state and household size. (This information is available by family size at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) a. Enter debtor's state of residence: <u>OH</u> b. Enter debtor's household size: <u>8</u>	\$ 106,670.00
15	Application of Section 707(b)(7). Check the applicable box and proceed as directed. <input checked="" type="checkbox"/> The amount on Line 13 is less than or equal to the amount on Line 14. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete Part VIII; do not complete Parts IV, V, VI or VII. <input type="checkbox"/> The amount on Line 13 is more than the amount on Line 14. Complete the remaining parts of this statement.	

Complete Parts IV, V, VI, and VII of this statement only if required. (See Line 15.)

Part IV. CALCULATION OF CURRENT MONTHLY INCOME FOR § 707(b)(2)																										
16	Enter the amount from Line 12.	\$																								
17	Marital adjustment. If you checked the box at Line 2.c, enter on Line 17 the total of any income listed in Line 11, Column B that was NOT paid on a regular basis for the household expenses of the debtor or the debtor's dependents. Specify in the lines below the basis for excluding the Column B income (such as payment of the spouse's tax liability or the spouse's support of persons other than the debtor or the debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If you did not check box at Line 2.c, enter zero.	\$																								
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%;">a.</td> <td style="width: 60%;"></td> <td style="width: 35%; text-align: right;">\$</td> </tr> <tr> <td>b.</td> <td></td> <td style="text-align: right;">\$</td> </tr> <tr> <td>c.</td> <td></td> <td style="text-align: right;">\$</td> </tr> <tr> <td>d.</td> <td></td> <td style="text-align: right;">\$</td> </tr> </table>	a.		\$	b.		\$	c.		\$	d.		\$													
a.		\$																								
b.		\$																								
c.		\$																								
d.		\$																								
	Total and enter on Line 17	\$																								
18	Current monthly income for § 707(b)(2). Subtract Line 17 from Line 16 and enter the result.	\$																								
Part V. CALCULATION OF DEDUCTIONS FROM INCOME																										
Subpart A: Deductions under Standards of the Internal Revenue Service (IRS)																										
19A	National Standards: food, clothing and other items. Enter in Line 19A the "Total" amount from IRS National Standards for Food, Clothing and Other Items for the applicable number of persons. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) The applicable number of persons is the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.	\$																								
19B	National Standards: health care. Enter in Line a1 below the amount from IRS National Standards for Out-of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Out-of-Pocket Health Care for persons 65 years of age or older. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) Enter in Line b1 the applicable number of persons who are under 65 years of age, and enter in Line b2 the applicable number of persons who are 65 years of age or older. (The applicable number of persons in each age category is the number in that category that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.) Multiply Line a1 by Line b1 to obtain a total amount for persons under 65, and enter the result in Line c1. Multiply Line a2 by Line b2 to obtain a total amount for persons 65 and older, and enter the result in Line c2. Add Lines c1 and c2 to obtain a total health care amount, and enter the result in Line 19B.	\$																								
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3">Persons under 65 years of age</th> <th colspan="3">Persons 65 years of age or older</th> </tr> </thead> <tbody> <tr> <td>a1.</td> <td>Allowance per person</td> <td></td> <td>a2.</td> <td>Allowance per person</td> <td></td> </tr> <tr> <td>b1.</td> <td>Number of persons</td> <td></td> <td>b2.</td> <td>Number of persons</td> <td></td> </tr> <tr> <td>c1.</td> <td>Subtotal</td> <td></td> <td>c2.</td> <td>Subtotal</td> <td></td> </tr> </tbody> </table>	Persons under 65 years of age			Persons 65 years of age or older			a1.	Allowance per person		a2.	Allowance per person		b1.	Number of persons		b2.	Number of persons		c1.	Subtotal		c2.	Subtotal		
Persons under 65 years of age			Persons 65 years of age or older																							
a1.	Allowance per person		a2.	Allowance per person																						
b1.	Number of persons		b2.	Number of persons																						
c1.	Subtotal		c2.	Subtotal																						
20A	Local Standards: housing and utilities; non-mortgage expenses. Enter the amount of the IRS Housing and Utilities Standards; non-mortgage expenses for the applicable county and family size. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court). The applicable family size consists of the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.	\$																								

20B	<p>Local Standards: housing and utilities; mortgage/rent expense. Enter, in Line a below, the amount of the IRS Housing and Utilities Standards; mortgage/rent expense for your county and family size (this information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court) (the applicable family size consists of the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support); enter on Line b the total of the Average Monthly Payments for any debts secured by your home, as stated in Line 42; subtract Line b from Line a and enter the result in Line 20B. Do not enter an amount less than zero.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;">a.</td><td style="width: 65%;">IRS Housing and Utilities Standards; mortgage/rental expense</td><td style="width: 30%;">\$</td></tr> <tr> <td style="text-align: center;">b.</td><td>Average Monthly Payment for any debts secured by your home, if any, as stated in Line 42</td><td>\$</td></tr> <tr> <td style="text-align: center;">c.</td><td>Net mortgage/rental expense</td><td>Subtract Line b from Line a.</td></tr> </table>	a.	IRS Housing and Utilities Standards; mortgage/rental expense	\$	b.	Average Monthly Payment for any debts secured by your home, if any, as stated in Line 42	\$	c.	Net mortgage/rental expense	Subtract Line b from Line a.	\$
a.	IRS Housing and Utilities Standards; mortgage/rental expense	\$									
b.	Average Monthly Payment for any debts secured by your home, if any, as stated in Line 42	\$									
c.	Net mortgage/rental expense	Subtract Line b from Line a.									
21	<p>Local Standards: housing and utilities; adjustment. If you contend that the process set out in Lines 20A and 20B does not accurately compute the allowance to which you are entitled under the IRS Housing and Utilities Standards, enter any additional amount to which you contend you are entitled, and state the basis for your contention in the space below:</p>	\$									
22A	<p>Local Standards: transportation; vehicle operation/public transportation expense. You are entitled to an expense allowance in this category regardless of whether you pay the expenses of operating a vehicle and regardless of whether you use public transportation. Check the number of vehicles for which you pay the operating expenses or for which the operating expenses are included as a contribution to your household expenses in Line 8. <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 or more. If you checked 0, enter on Line 22A the "Public Transportation" amount from IRS Local Standards: Transportation. If you checked 1 or 2 or more, enter on Line 22A the "Operating Costs" amount from IRS Local Standards: Transportation for the applicable number of vehicles in the applicable Metropolitan Statistical Area or Census Region. (These amounts are available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)</p>	\$									
22B	<p>Local Standards: transportation; additional public transportation expense. If you pay the operating expenses for a vehicle and also use public transportation, and you contend that you are entitled to an additional deduction for you public transportation expenses, enter on Line 22B the "Public Transportation" amount from IRS Local Standards: Transportation. (This amount is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)</p>	\$									
23	<p>Local Standards: transportation ownership/lease expense; Vehicle 1. Check the number of vehicles for which you claim an ownership/lease expense. (You may not claim an ownership/lease expense for more than two vehicles.) <input type="checkbox"/> 1 <input type="checkbox"/> 2 or more. Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 1, as stated in Line 42; subtract Line b from Line a and enter the result in Line 23. Do not enter an amount less than zero.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;">a.</td><td style="width: 65%;">IRS Transportation Standards, Ownership Costs</td><td style="width: 30%;">\$</td></tr> <tr> <td style="text-align: center;">b.</td><td>Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 42</td><td>\$</td></tr> <tr> <td style="text-align: center;">c.</td><td>Net ownership/lease expense for Vehicle 1</td><td>Subtract Line b from Line a.</td></tr> </table>	a.	IRS Transportation Standards, Ownership Costs	\$	b.	Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 42	\$	c.	Net ownership/lease expense for Vehicle 1	Subtract Line b from Line a.	\$
a.	IRS Transportation Standards, Ownership Costs	\$									
b.	Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 42	\$									
c.	Net ownership/lease expense for Vehicle 1	Subtract Line b from Line a.									
24	<p>Local Standards: transportation ownership/lease expense; Vehicle 2. Complete this Line only if you checked the "2 or more" Box in Line 23. Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 2, as stated in Line 42; subtract Line b from Line a and enter the result in Line 24. Do not enter an amount less than zero.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;">a.</td><td style="width: 65%;">IRS Transportation Standards, Ownership Costs</td><td style="width: 30%;">\$</td></tr> <tr> <td style="text-align: center;">b.</td><td>Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 42</td><td>\$</td></tr> <tr> <td style="text-align: center;">c.</td><td>Net ownership/lease expense for Vehicle 2</td><td>Subtract Line b from Line a.</td></tr> </table>	a.	IRS Transportation Standards, Ownership Costs	\$	b.	Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 42	\$	c.	Net ownership/lease expense for Vehicle 2	Subtract Line b from Line a.	\$
a.	IRS Transportation Standards, Ownership Costs	\$									
b.	Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 42	\$									
c.	Net ownership/lease expense for Vehicle 2	Subtract Line b from Line a.									
25	<p>Other Necessary Expenses: taxes. Enter the total average monthly expense that you actually incur for all federal, state and local taxes, other than real estate and sales taxes, such as income taxes, self employment taxes, social security taxes, and Medicare taxes. Do not include real estate or sales taxes.</p>	\$									

26	Other Necessary Expenses: involuntary deductions for employment. Enter the total average monthly payroll deductions that are required for your employment, such as retirement contributions, union dues, and uniform costs. Do not include discretionary amounts, such as voluntary 401(k) contributions.		\$									
27	Other Necessary Expenses: life insurance. Enter total average monthly premiums that you actually pay for term life insurance for yourself. Do not include premiums for insurance on your dependents, for whole life or for any other form of insurance.		\$									
28	Other Necessary Expenses: court-ordered payments. Enter the total monthly amount that you are required to pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations included in Line 44.		\$									
29	Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total average monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available.		\$									
30	Other Necessary Expenses: childcare. Enter the total average monthly amount that you actually expend on childcare - such as baby-sitting, day care, nursery and preschool. Do not include other educational payments.		\$									
31	Other Necessary Expenses: health care. Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Line 19B. Do not include payments for health insurance or health savings accounts listed in Line 34.		\$									
32	Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service - such as pagers, call waiting, caller id, special long distance, or internet service - to the extent necessary for your health and welfare or that of your dependents. Do not include any amount previously deducted.		\$									
33	Total Expenses Allowed under IRS Standards. Enter the total of Lines 19 through 32.		\$									
Subpart B: Additional Living Expense Deductions												
Note: Do not include any expenses that you have listed in Lines 19-32												
34	Health Insurance, Disability Insurance, and Health Savings Account Expenses. List the monthly expenses in the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or your dependents. <table border="1" style="width: 100%;"> <tr> <td style="width: 5%;">a.</td> <td style="width: 75%;">Health Insurance</td> <td style="width: 20%;">\$</td> </tr> <tr> <td>b.</td> <td>Disability Insurance</td> <td>\$</td> </tr> <tr> <td>c.</td> <td>Health Savings Account</td> <td>\$</td> </tr> </table>		a.	Health Insurance	\$	b.	Disability Insurance	\$	c.	Health Savings Account	\$	\$
a.	Health Insurance	\$										
b.	Disability Insurance	\$										
c.	Health Savings Account	\$										
Total and enter on Line 34. If you do not actually expend this total amount, state your actual total average monthly expenditures in the space below: \$ _____												
35	Continued contributions to the care of household or family members. Enter the total average actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses.		\$									
36	Protection against family violence. Enter the total average reasonably necessary monthly expenses that you actually incurred to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court.		\$									
37	Home energy costs. Enter the total average monthly amount, in excess of the allowance specified by IRS Local Standards for Housing and Utilities, that you actually expend for home energy costs. You must provide your case trustee with documentation of your actual expenses, and you must demonstrate that the additional amount claimed is reasonable and necessary.		\$									
38	Education expenses for dependent children less than 18. Enter the total average monthly expenses that you actually incur, not to exceed \$156.25* per child, for attendance at a private or public elementary or secondary school by your dependent children less than 18 years of age. You must provide your case trustee with documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in the IRS Standards.		\$									

* Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

39	Additional food and clothing expense. Enter the total average monthly amount by which your food and clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National Standards, not to exceed 5% of those combined allowances. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) You must demonstrate that the additional amount claimed is reasonable and necessary.	\$															
40	Continued charitable contributions. Enter the amount that you will continue to contribute in the form of cash or financial instruments to a charitable organization as defined in 26 U.S.C. § 170(c)(1)-(2).	\$															
41	Total Additional Expense Deductions under § 707(b). Enter the total of Lines 34 through 40	\$															
Subpart C: Deductions for Debt Payment																	
42	Future payments on secured claims. For each of your debts that is secured by an interest in property that you own, list the name of the creditor, identify the property securing the debt, state the Average Monthly Payment, and check whether the payment includes taxes or insurance. The Average Monthly Payment is the total of all amounts scheduled as contractually due to each Secured Creditor in the 60 months following the filing of the bankruptcy case, divided by 60. If necessary, list additional entries on a separate page. Enter the total of the Average Monthly Payments on Line 42.	\$															
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 5%;"></th> <th style="width: 30%;">Name of Creditor</th> <th style="width: 30%;">Property Securing the Debt</th> <th style="width: 15%;">Average Monthly Payment</th> <th style="width: 20%;">Does payment include taxes or insurance?</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">a.</td> <td></td> <td></td> <td style="text-align: right;">\$</td> <td><input type="checkbox"/> yes <input type="checkbox"/> no</td> </tr> <tr> <td colspan="3"></td> <td style="text-align: right;">Total: Add Lines</td> <td></td> </tr> </tbody> </table>		Name of Creditor	Property Securing the Debt	Average Monthly Payment	Does payment include taxes or insurance?	a.			\$	<input type="checkbox"/> yes <input type="checkbox"/> no				Total: Add Lines		\$
	Name of Creditor	Property Securing the Debt	Average Monthly Payment	Does payment include taxes or insurance?													
a.			\$	<input type="checkbox"/> yes <input type="checkbox"/> no													
			Total: Add Lines														
43	Other payments on secured claims. If any of debts listed in Line 42 are secured by your primary residence, a motor vehicle, or other property necessary for your support or the support of your dependents, you may include in your deduction 1/60th of any amount (the "cure amount") that you must pay the creditor in addition to the payments listed in Line 42, in order to maintain possession of the property. The cure amount would include any sums in default that must be paid in order to avoid repossession or foreclosure. List and total any such amounts in the following chart. If necessary, list additional entries on a separate page.	\$															
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 5%;"></th> <th style="width: 30%;">Name of Creditor</th> <th style="width: 30%;">Property Securing the Debt</th> <th style="width: 35%;">1/60th of the Cure Amount</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">a.</td> <td></td> <td></td> <td style="text-align: right;">\$</td> </tr> <tr> <td colspan="3"></td> <td style="text-align: right;">Total: Add Lines</td> </tr> </tbody> </table>		Name of Creditor	Property Securing the Debt	1/60th of the Cure Amount	a.			\$				Total: Add Lines	\$			
	Name of Creditor	Property Securing the Debt	1/60th of the Cure Amount														
a.			\$														
			Total: Add Lines														
44	Payments on prepetition priority claims. Enter the total amount, divided by 60, of all priority claims, such as priority tax, child support and alimony claims, for which you were liable at the time of your bankruptcy filing. Do not include current obligations, such as those set out in Line 28.	\$															
45	Chapter 13 administrative expenses. If you are eligible to file a case under chapter 13, complete the following chart, multiply the amount in line a by the amount in line b, and enter the resulting administrative expense.	\$															
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td style="width: 5%; text-align: center;">a.</td> <td style="width: 60%;">Projected average monthly chapter 13 plan payment.</td> <td style="width: 35%; text-align: right;">\$</td> </tr> <tr> <td style="text-align: center;">b.</td> <td>Current multiplier for your district as determined under schedules issued by the Executive Office for United States Trustees. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)</td> <td style="text-align: center;">x</td> </tr> <tr> <td style="text-align: center;">c.</td> <td>Average monthly administrative expense of chapter 13 case</td> <td style="text-align: right;">Total: Multiply Lines a and b</td> </tr> </tbody> </table>	a.	Projected average monthly chapter 13 plan payment.	\$	b.	Current multiplier for your district as determined under schedules issued by the Executive Office for United States Trustees. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)	x	c.	Average monthly administrative expense of chapter 13 case	Total: Multiply Lines a and b	\$						
a.	Projected average monthly chapter 13 plan payment.	\$															
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c.	Average monthly administrative expense of chapter 13 case	Total: Multiply Lines a and b															
46	Total Deductions for Debt Payment. Enter the total of Lines 42 through 45.	\$															
Subpart D: Total Deductions from Income																	
47	Total of all deductions allowed under § 707(b)(2). Enter the total of Lines 33, 41, and 46.	\$															
Part VI. DETERMINATION OF § 707(b)(2) PRESUMPTION																	
48	Enter the amount from Line 18 (Current monthly income for § 707(b)(2))	\$															
49	Enter the amount from Line 47 (Total of all deductions allowed under § 707(b)(2))	\$															
50	Monthly disposable income under § 707(b)(2). Subtract Line 49 from Line 48 and enter the result.	\$															
51	60-month disposable income under § 707(b)(2). Multiply the amount in Line 50 by the number 60 and enter the result.	\$															

52	Initial presumption determination. Check the applicable box and proceed as directed. <input type="checkbox"/> The amount on Line 51 is less than \$7,475*. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete the verification in Part VIII. Do not complete the remainder of Part VI. <input type="checkbox"/> The amount set forth on Line 51 is more than \$12,475*. Check the box for "The presumption arises" at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII. Do not complete the remainder of Part VI. <input type="checkbox"/> The amount on Line 51 is at least \$7,475*, but not more than \$12,475*. Complete the remainder of Part VI (Lines 53 through 55).																			
53	Enter the amount of your total non-priority unsecured debt	\$																		
54	Threshold debt payment amount. Multiply the amount in Line 53 by the number 0.25 and enter the result.	\$																		
55	Secondary presumption determination. Check the applicable box and proceed as directed. <input type="checkbox"/> The amount on Line 51 is less than the amount on Line 54. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete the verification in Part VIII. <input type="checkbox"/> The amount on Line 51 is equal to or greater than the amount on Line 54. Check the box for "The presumption arises" at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII.																			
Part VII. ADDITIONAL EXPENSE CLAIMS																				
56	Other Expenses. List and describe any monthly expenses, not otherwise stated in this form, that are required for the health and welfare of you and your family and that you contend should be an additional deduction from your current monthly income under § 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All figures should reflect your average monthly expense for each item. Total the expenses.																			
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 5%;"></th> <th style="width: 65%;">Expense Description</th> <th style="width: 30%;">Monthly Amount</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">a.</td> <td></td> <td style="text-align: center;">\$</td> </tr> <tr> <td style="text-align: center;">b.</td> <td></td> <td style="text-align: center;">\$</td> </tr> <tr> <td style="text-align: center;">c.</td> <td></td> <td style="text-align: center;">\$</td> </tr> <tr> <td style="text-align: center;">d.</td> <td></td> <td style="text-align: center;">\$</td> </tr> <tr> <td colspan="2" style="text-align: right;">Total: Add Lines a, b, c, and d</td> <td style="text-align: center;">\$</td> </tr> </tbody> </table>		Expense Description	Monthly Amount	a.		\$	b.		\$	c.		\$	d.		\$	Total: Add Lines a, b, c, and d		\$	
	Expense Description	Monthly Amount																		
a.		\$																		
b.		\$																		
c.		\$																		
d.		\$																		
Total: Add Lines a, b, c, and d		\$																		
Part VIII. VERIFICATION																				
57	I declare under penalty of perjury that the information provided in this statement is true and correct. <i>(If this is a joint case, both debtors must sign.)</i> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Date: <u>May 30, 2013</u> </div> <div style="width: 45%;"> Signature: <u>/s/ Andrew L Chapman</u> Andrew L Chapman <i>(Debtor)</i> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;"> Date: <u>May 30, 2013</u> </div> <div style="width: 45%;"> Signature: <u>/s/ Melissa H Chapman</u> Melissa H Chapman <i>(Joint Debtor, if any)</i> </div> </div>																			

* Amounts are subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.